

BURGH OF PAISLEY.



R E P O R T

OF THE

Public Health Department

For the Year 1933,

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

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*To the Provost, Magistrates and
Town Councillors of the
Burgh of Paisley.*

I have the honour to submit my Report on the work of the Public Health Department for the year 1933. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
PAISLEY, July, 1934.

BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1933.

PART I. VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1933 was 88,046; this gives an estimated increase over the figure for 1932 of 146.

Area.—The area of the Burgh is 3,538 acres. The density of population is 24.8 per acre.

Birth Rate.—There were 1,543 births; 779 males and 764 females, giving a birth rate—corrected for transfers—of 17.5, compared with 18.8 for 1932; this is again the lowest birth rate recorded since the war years. The average rate for the past fourteen years is 22.0. The rate for the whole of Scotland was 17.6, the lowest rate on record, while the average rate for the larger Scottish Burghs was 18.1.

Illegitimate Birth Rate.—This rate was 4.5 per cent. of the total births. The average rate for the past fourteen years is 4.9 per cent. The rate for the whole of Scotland was 6.9 per cent., and for the larger Burghs 6.1 per cent.

Death Rate.—The number of deaths was 1,137, giving a death rate—corrected for transfers—of 12.9, the third lowest rate on record. The rate for 1932 was 13.8, and the average rate for the past fourteen years is 13.7. The rate for the whole of Scotland was 13.2, while the rate for the larger Burghs was 13.3.

The principal diseases contributing to the death rate were heart disease, 213 deaths; cancer, 127 deaths; pneumonia, 87

deaths; bronchitis, 50 deaths; pulmonary tuberculosis, 67 deaths

The number of deaths from the various forms of heart disease was again the highest on record, and forms 18.7 per cent. of the total deaths. The deaths from cancer form 11.1 per cent. of the total deaths. It is interesting to find that of the total number of deaths registered during the year—1,185—no fewer than 593 or 50.04 per cent. occurred in institutions; in 1921, only 38.8 per cent. of the total deaths occurred in institutions.

Infant Mortality Rate.—Deaths under 1 year—corrected for transfers—numbered 153, giving a rate of 99 per 1,000 births; the rate for 1932 was 105, and the average rate for the past fourteen years is 99. The rate for the whole of Scotland was 81, the lowest rate since 1923, and for the larger Burghs, 89.

Diseases of early infancy and malformations accounted for 63 deaths, or 41.1 per cent. of the total number. The other principal diseases contributing to this mortality rate were pneumonia, 26 deaths; whooping cough, 13 deaths; and diarrhoea and enteritis 26 deaths.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of tuberculosis was 0.99, and the rate from pulmonary tuberculosis was 0.76; these rates for 1932 were 0.84 and 0.60, while the average rates for the past fourteen years are 1.13 and 0.79.

The corresponding rates for the whole of Scotland were 0.80 and 0.60, and for the larger Burghs, 0.94 and 0.72.

Infectious Diseases Rate.—The rate of deaths from the principal infectious diseases was 0.99; the rate for 1932 was 1.08, while the average rate for the past fourteen years is 0.96. The rate for the whole of Scotland was 0.83, and for the larger Burghs, 0.82.

CONTROL OF INFECTIOUS DISEASES.

New Infectious Diseases Hospital.

During the early months of 1933, the architects for the new Hospital, Messrs. Sir John Burnett, Tait and Lorne, were engaged in the preparation of the plans. After frequent consultations with the Local Authority and the Department of Health for Scotland, the complete working drawings were delivered to the measurers in June. The schedules were issued to approved contractors early in December and were returned in January, 1934. After being checked by the measurers, the various contracts were accepted during February. On 21st March, 1934, the first sod of the new hospital was cut by Provost James Galt, and it is hoped that the buildings will be ready for opening in about eighteen months. I should like to take this opportunity of recording my sincere appreciation of the willing services of Mr. John Wilson, principal architect of the Department of Health for Scotland, who was consistently helpful in the preparation of the plans.

The total accommodation at the new Hospital will be 181 beds. There will be seven separate ward pavilions, as follows:—

- (1) Pneumonia, 30 beds.
- (2) Diphtheria, 21 beds.
- (3) Whooping Cough, 20 beds.
- (4) Scarlet Fever, 30 beds.
- (5) Measles, 20 beds.
- (6) Cubicle Block, 30 beds.
- (7) Tuberculosis, 30 beds.

The pavilions for measles and whooping cough, when not required for these diseases, will serve as reserve pavilions. The Cubicle Block will be used for cases of Enteric Fever, Cerebro-Spinal Fever, Puerperal Fever, Erysipelas, etc., and also for observation cases and cases suffering from two diseases. With the exception of the Cubicle Block, all the wards will be single storey pavilions, and all will have verandahs.

The administrative buildings will include the following:—Administrative Block with accommodation for domestic staff, Nurses' Home, Dispensary and Laboratory, Power House, Laundry Block, Garage, Mortuary, and houses for the Male Staff.

A.—Hospitals.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in Hospital on 31st December, 1932, was 101; the number admitted during 1933 was 1,377, giving a total of 1,478 compared with a total of 1,465 for the year 1932. The number treated in the Hospital during 1933 was the highest num-

ber on record, and was due to the severe epidemic of Scarlet Fever which occurred during the last three months of the year. During the first nine months of the year there were 722 admissions, while during the last three months there were 655 admissions.

The principal diseases contributing to this record total were Scarlet Fever, 903; Diphtheria, 228; Acute Pneumonia, 207; Whooping Cough, 62; Erysipelas, 31; Acute Meningitis, 25; Puerperal Fever and Puerperal Pyrexia, 16.

I have once again to congratulate Miss Dick and her nursing staff on a first class record of work, more especially during the last quarter of the year, when the number of patients in daily residence exceeded 190, easily a record figure. Despite the unavoidable overcrowding of the wards, the work was tackled in a manner deserving of the highest praise.

Dr. A. M. MacCormick, Resident Medical Officer, was appointed Assistant Medical Officer of Health for Derby in May, 1933, and was succeeded by Dr. Dorothy B. Thomson. To both these ladies, thanks are due for their capable and conscientious services both in the wards and in the bacteriological laboratory. In November, 1933, a part-time Assistant Medical Officer had to be engaged in order to cope with the extra work occasioned by the epidemic of Scarlet Fever.

Reception House, Bridge Street.—There was no occasion during the year to utilise the accommodation at the Reception House for contacts of infectious diseases.

Smallpox Hospital.—Cases of Smallpox, of which none occurred during the year, are now treated at the West Renfrewshire Combination Hospital, near Johnstone. This hospital serves the whole County area, and is under the control of a Joint Committee, representative of all the Local Authorities.

B.—Infectious Diseases.

The total number of cases of Infectious Diseases—apart from Tuberculosis—was 4,400, which represents a very high incidence: in 1932, the total was 5,202, a record figure. Notifiable diseases accounted for 1,987, of which 982 were cases of Scarlet Fever, 482 Acute Pneumonia, 222 Diphtheria. There were 2,413 cases of diseases not compulsorily notifiable, of which 806 were cases of Whooping Cough, 649 Mumps, 539 Chickenpox, 419 Measles.

The Epidemic Inspector, Mr Eagleson, and the Epidemic Nurse, are again to be congratulated on the very capable way in which they tackled such a heavy year's work.

School Closure on Account of Infectious Diseases.—It was not considered necessary to recommend closure of any school or part of a school on account of infectious disease.

Housing and Infectious Diseases.—I subjoin a table showing the number of cases of Acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments:—

Size of House.	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment, ...	75	21.4	34	15.5	116	12.0
* (14.9 %).						
Two Apartments, ...	205	58.4	138	62.7	559	57.7
(50.3 %).						
Three Apartments, ...	59	16.8	42	19.1	208	21.5
(21.9 %).						
Over Three Apartments, ...	12	3.4	6	2.7	85	8.8
(12.9 %).						

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—In addition to the usual routine measures of disinfection, 81 sets of bedding were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Pulmonary Tuberculosis (22), Cancer (11), Circulatory Diseases (7), Nervous Diseases (5), Non-Pulmonary Tuberculosis (4), Other Diseases (32).

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Fever Hospital. In the case of Scabies, 24 persons were bathed and treated with sulphur ointment, and 23 sets of bedding and clothing were treated by steam disinfection.

Modern Methods of Active Immunisation.—Since the latter months of 1926, the Nursing Staff at the Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised. With the exception of two mild cases of Diphtheria, which occurred during 1932, the nursing staff have kept free from both diseases.

Immunisation work has not yet been started at the Child Welfare and School Clinics.

Pneumonia.—Total notifications, 482, classified as follows:— Acute primary pneumonia, 391; acute influenzal pneumonia, 23; acute pneumonia, secondary to other diseases, 68. These figures represent the lowest incidence for the last ten years.

289 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 69.8 per cent. of the total notifications; of these, 193 were treated in the Fever Hospital, 54 in the Royal Alexandra Infirmary, 18 in Craw Road Institution, and 24 in Woodside House. Deaths numbered 87, giving a case mortality—for all notified cases—of 21 per cent., a comparatively low figure. The case mortality in the Royal Alexandra Infirmary was 9.2 per cent., and in the Fever Hospital, 10.4 per cent., both of which rates are the lowest on record. 36 deaths of the total of 87 occurred in children under five years.

68 cases of pneumonia, secondary to other diseases, were notified during the year; practically all were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Department to get into early touch with these cases and to offer institutional treatment in the Fever Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia and acute influenzal pneumonia. I subjoin an interesting table showing the development of the work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Cases Removed to Hospitals.				Percentage of Notified Cases removed to Hospitals.
			Fever Hospital.	Royal Alexandra Infirmary.	Craw Road Institution and Woodside House.	Total Cases removed to Hospitals.	
1920	201	55.6	55	62	...	117	58.2
1921	253	31.2	119	45	1	165	65.2
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
1931	477	18.0	286	48	14	348	72.9
1932	590	20.0	246	70	41	357	60.0
1933	414	21.0	193	54	42	289	69.8
Totals.	6,656	...	3,037	1,041	413	4,491	67.5

Taking the years, 1922 to 1933, we find that the average number of notifications was 513, and the average case mortality of the notified cases was 23.2 per cent.; during the same period, 45.6 per cent. of the total notified cases were treated in the Fever Hospital, where the average case mortality was 15.1 per cent.

Scarlet Fever.—Cases notified, 982; removed to hospital, 840 or 85.5 per cent.; 8 deaths occurred, giving a case mortality of 0.81 per cent., a low rate, the average case mortality for the past fourteen years being 1.5 per cent. The incidence of this disease was easily the highest recorded since the war. The epidemic started in June, 1931, continued at a high level throughout 1932, and rose to its peak during the last quarter of 1933. The notifications during the four quarters of 1933 were as follows:—1st quarter, 113; 2nd quarter, 90; 3rd quarter, 179; 4th quarter, 600. Notifications during the first quarter of 1934 dropped to 362. Fortunately, in the majority of cases, the type of the disease was mild, but it is noteworthy that all the deaths occurred during the last quarter of the year, indicating a more severe type at that period. The wards in the Fever Hospital were, of necessity, badly overcrowded throughout most of the year, more especially during the last quarter, when the number of cases of Scarlet Fever in Hospital rose to 161. Wherever possible, cases were allowed to stay at home, but the high proportion of one and two-apartment houses (65.2 per cent.) militated against the wider adoption of home nursing. For a few weeks during November, a waiting list for admission to Hospital had to be instituted, quite a unique occurrence, but no case had to wait more than 24 hours. Cases without complications had to be discharged from Hospital after 21 days in order to make room for the persistent inflow of fresh cases. During the last quarter of the year, when the wards were badly overcrowded, and when a more severe type of case was being admitted, the return case rate rose to more than double the usual rate. The epidemic of necessity imposed a very heavy strain on Miss Dick and her nursing staff, who all rose nobly to the occasion.

Where home isolation is practicable, medical practitioners can be supplied with antitoxin.

Diphtheria.—Cases notified, 222; removed to Hospital, 221; there were eight deaths, giving a case mortality of 3.6 per cent., a low rate, the average rate for the past fourteen years being 4.8 per cent. The incidence of this disease was high, the average number of notifications during the past fourteen years being 142. The type of disease continues to be comparatively mild.

Serum is always available for practitioners at the Fever Hospital.

Enteric Fever.—3 cases were notified and all were treated in Hospital. The final diagnosis of the 3 cases was Enteric Fever, Paratyphoid "B" Fever, and Neuritis.

Ophthalmia Neonatorum.—Notifications numbered 19, as compared with 51 during 1932; this is the lowest incidence for thirteen years. 7 cases were proved to be due to a gonococcal infection, a fairly high proportion. 13 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 106 domiciliary visits to these cases, and 2 serious cases were referred to the Royal Victoria Eye Infirmary, Paisley, where they attended as out-patients for expert advice and treatment. No cases were admitted for indoor treatment to the Fever Hospital. No cases of impairment of vision occurred, and, in that respect our record of only 1 case of blindness from this disease since 1918 is the best possible tribute to the value of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—419 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the medical service of the Education Authority; this is lower than the average incidence, which is 648 for the past fourteen years. No cases were admitted to Hospital, an indication of the mild type of disease. No deaths occurred. The Epidemic Nurse paid 441 domiciliary visits in order to impress on parents the dangers of this disease, especially in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week, in order to prevent the onset of pneumonia, that very fatal complication which is the cause of practically all the deaths from measles.

Whooping Cough.—806 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates the highest incidence during the past fourteen years, the average figure being 379. 56 complicated cases were treated in the Fever Hospital. There were 30 deaths—all of children under five years—which gives a case mortality of 3.7 per cent., the second lowest rate recorded during the past fourteen years. Whooping Cough in young children is the most fatal of all the common infectious diseases, a fact which still requires to be impressed on parents. 891 domiciliary visits were paid to these cases.

Puerperal Fever and Puerperal Pyrexia.—9 cases of Puerperal Fever were notified, a slightly lower incidence than the average figure for the past fourteen years, which is 10. 7 cases were treated in Hospital, and there were 2 deaths.

29 cases of Puerperal Pyrexia were notified, of which 8 were treated in the Fever Hospital. There were 3 deaths.

Further particulars of these cases will be found in the section of the Report dealing with the Maternity and Child Welfare Service.

Chickenpox.—There were 539 notifications of this disease, which at the end of 1932 ceased to be compulsorily notifiable; this represents a higher prevalence than usual, the average figures for the past fourteen years being 426. As Chickenpox may be easily confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

Cerebro-Spinal Fever.—15 cases were notified and all were treated in hospital; there were 9 deaths, of which 4 were under 1 year. During the last few years, the results of treatment of these cases with the Polyvalent Scrums which are available have been distinctly disappointing.

Erysipelas.—64 cases were notified; 29 cases were treated in hospital; there were 3 deaths.

Mumps.—649 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this represents a much higher incidence than usual.

Encephalitis Lethargica.—5 cases were notified.

Dysentery.—2 cases were notified and were admitted to hospital for treatment.

Influenza.—23 deaths occurred during the year from this disease, which, during the early weeks of the year was very prevalent.

Smallpox, Typhus Fever, Cholera, Relapsing and Continued Fevers, Malaria, Infective Jaundice, Polio-Encephalitis, Acute Poliomyelitis.—No cases occurred during the year.

Infectious Diseases Carriers.—No “Carriers” came to the notice of the Health Department during the year.

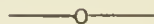


MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. Since the war, this work has steadily increased, especially during the last few years. In 1920 examinations numbered 707; the total

for 1930 was 1,284; for 1932, the total was 3,320; during 1933 the work reached the very high total of 2,791 examinations.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria,... ..	2264	455	1809
Enteric Fever, ...	14	1	13
Tuberculosis, ...	261	43	218
Venereal Diseases,... ..	156	31	125
Cerebro-Spinal Fever, ..	57	7	50
Other Diseases,... ..	39	1	38
Total, ...	2791	538	2253



VACCINATION.

The unsatisfactory provisions of the Vaccination Acts continue to be responsible for a large proportion of the population remaining unvaccinated. Mr. W. L. Campbell, Registrar, reports that for the year 1932 only 35.7 per cent. of the total births were vaccinated. "Conscientious Objectors" numbered 800 or 48.2 per cent. of the total births.



MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.

Maternal & Child Welfare
Department.
Tuberculosis Department.
Disinfection Department.
X-Ray Department.
Artificial Sunlight Department.

Education Authority.

Minor Ailments Clinic.
Special Treatment Clinic.
Dental Clinic.
Remedial Exercises Clinic.
Office Accommodation.

The general public continues to show a keen interest in the work of the Institute. During the year, 9 parties, including Women's Guilds, Girls' Clubs, Girl Guides, etc., visited the Institute in the evenings, the average number of each party being about 25; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) BIRTHS.

(a) Number registered (corrected for transfers, 1,543),	1,547
(1) Legitimate, ...	1,482
(2) Illegitimate, ...	65
(b) Number notified (including still-births), ...	1,565

(c) Number classified according to nature of attendance :

(1) Doctor, ...	354
(2) Midwife, ...	613
(3) Institution, ...	598
(d) Number of still-births, ...	75

The number of still-births is fairly low ; in 1932, the number was 69. An analysis of the probable causes of 65 still-births will be found in Part II. of this Report ; effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) INFANTILE MORTALITY.

(a) Number of deaths (corrected for transfers, 153), ...	156
(b) Rate per 1,000 births (corrected for transfers), ...	99
(c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths :	

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week, ...	41	26.50
1 week and under 4 weeks, ...	21	13.51
4 weeks and under 3 months, ...	25	16.16
3 months and under 6 months, ...	34	21.91
6 months and under 12 months, ...	35	22.62

Causes of Death.	No. of Deaths.	Rate per 1,000 Births.
Chickenpox, ...	0	0.00
Measles, ...	0	0.00
Scarlet Fever, ...	0	0.00
Whooping Cough, ...	13	8.40
Diphtheria and Croup, ...	0	0.00
Erysipelas, ...	0	0.00
Tuberculous Diseases, ...	1	0.65
Meningitis (not Tuberculous), ...	5	3.23
Hydrocephalus, ...	0	0.00
Convulsions, ...	1	0.65
Pneumonia (all forms), ...	27	17.45
Bronchitis, ...	4	2.59
Diarrhoea and Enteritis, ...	24	15.51
Other Digestive Diseases, ...	1	0.65
Congenital Malformations, ...	6	3.88
Congenital Heart, ...	1	0.65
Premature Birth, ...	35	22.62
Atrophy, Debility and Marasmus, ...	20	12.93
Atelectasis, ...	2	1.29
Injury at Birth, ...	1	0.65
Suffocation, overlaying, ...	2	1.29
Syphilis, ...	0	0.00
All other causes, ...	13	8.40

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis again emphasises the need

for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced. As usual, acute infectious diseases, affecting the respiratory system, were responsible for a large number of deaths, 25.5 per cent. of the total. 24 deaths from diarrhoea and enteritis is the largest number since 1921. 14 of these deaths occurred in institutions. 12 cases of the 24 deaths had been in attendance at the Child Welfare clinics. The dry, hot summer might account partly for the high mortality, but, quite clearly, more intensive educational work is necessary if we are to reduce the mortality of what is mainly a preventable disease.

(3) MATERNAL MORTALITY.

- (a) Number of deaths resulting from miscarriage or childbirth (including puerperal sepsis), ... 5
 (b) Number of deaths resulting from puerperal sepsis,... 2

The number of maternal deaths during 1933—5—gives a maternal mortality rate of 3.22 per 1,000 births; in 1932, this rate was 6.0. This year's rate is the lowest for at least fourteen years. The average rate for the past 14 years is 5.42. Of the 5 maternal deaths, 2 resulted from puerperal sepsis, as compared with 5 during 1932, the puerperal sepsis death rate being 1.28, as compared with an average rate for the past 14 years of 1.81 per 1,000 births.

(4) REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

This will be found under Part II. of the Report. There are 20 midwives on the local roll, of whom 10 hold the C.M.B. Certificate or its equivalent. 35.1 per cent. of the total number of births were attended by midwives.

(5) HOME VISITATION.

	Number Visited.	Total Visits.
Infants, ...	2,689	7,048
Children (1-5 years), ...	3,287	7,536
Expectant Mothers, ...	205	343
	6,181	14,927

The total number of home visits is 1,036 more than the number paid during 1932. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health visitors will be increased, in order that this important branch of the work will receive the attention which its importance merits. At present, especially since the recent increase in the number of clinic sessions,

the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) VOLUNTARY HEALTH VISITORS' REPORT.

There are no Voluntary Health Visitors. The small balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

(7) ANTE-NATAL CONSULTATIONS.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts 3-3½ hours; the total number of sessions was 150.

(a) Total number of expectant mothers attending.	...	940
Re-attending from 1932,	 108	
New Patients,	 832	
(b) Total number of attendances,	... ..	3599
(c) Classified summary of conditions found:—		
Albuminuria,	... ..	92
Anæmia,	... ..	6
Bronchial Catarrh,	... ..	26
Ovarian Cyst,	... ..	1
Contracted Pelvis,	... ..	41
Dental Caries,	... ..	26
Debility,	... ..	20
Doubtful Pregnancy,	... ..	12
Threatened Abortion or Miscarriage,	... ..	7
Previous Miscarriage or Still-Birth,	... ..	7
Missed Abortion,	... ..	6
In Labour,	... ..	2
Hydramnios,	... ..	1
Malpresentation,	... ..	8
Minor Ailments,	... ..	231
Multiple Pregnancy,	... ..	2
Normal Pregnancy,	... ..	344
Not Pregnant,	... ..	5
Pyelitis,	... ..	5
Tuberculosis,	... ..	2
Venereal Disease,	... ..	7
Varicose Veins,	... ..	11
Vaginitis,	... ..	15
(d) Number of cases:—		
(1) Referred to Ante-Natal Ward,	... ..	125
(2) Treated at Clinic,	... ..	815
(e) Sources from which cases were drawn:—		
(1) Recommended by doctor,	... ..	55
(2) Recommended by midwife,	... ..	168
(3) Recommended by health visitors,	... ..	22
(4) Came of own accord,	... ..	587

The total attendances at the ante-natal clinics numbered 351 more than the previous highest total, and again fully justified the opening of the extra session on Monday afternoons. The number

of mothers attending was 16 more than the previous highest total. This ante-natal work is bound to develop further in view of the gradual education of the expectant mother, and also on account of the new rule of Central Midwives' Board, which makes it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. It is gratifying to find a gradual increase in the cases recommended by doctors and midwives. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only of puerperal morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

(8) POST-NATAL AND OTHER CONSULTATIONS.

(a) Total number of patients, ...	486
New patients, ...	298
Old patients re-attending, ...	188
(b) Total number of attendances, ...	2184
(c) Conditions found:—	
Albuminuria, ...	1
Agalactia, ...	61
Anæmia, ...	2
Debility, ...	74
Dental Caries, ...	8
Digestive Disorders, ...	5
Mastitis, ...	2
Skin Conditions, ...	8
Respiratory Disorders, ...	9
Minor Ailments, ...	55
Other Conditions, ...	2
Rheumatism, ...	2
Healthy, ...	257

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

NEW POST-NATAL CLINIC.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic, which is held on Thursday afternoon, was started primarily to provide post-natal supervision for the mothers confined in Barshaw Hospital, especially for those who had no family doctor. I subjoin the report of the year's work which has been prepared by Dr. Elizabeth F Hunter.

(a) Total number of patients attending, ...	253
Re-attending from 1932, ...	10
New patients, ...	243
(b) Sources from which cases were drawn:—	
Referred from Barshaw Hospital, ...	234
Referred by Medical Practitioners, ...	4
Referred by Public Health Staff, ...	4
Referred by Widwife, ...	1
(c) Total number of attendances, ...	446
(d) Summary of conditions found:	
Adenitis of groin, ...	1
Anæmia, ...	8

Albuminuria, ...	5
Anteflexion, ...	5
Cervicitis—not Gonococcal, ...	1
Cardiac Disease, ...	1
Cystocele, ...	3
Cystocele and rectocele, ...	5
Debility, ...	24
Dental Caries, ...	2
Digestive Disturbances, ...	6
Excoriation of Vulva, ...	1
Fibroid of Uterus, ...	1
Gonorrhœa, ...	1
Hæmorrhoids, ...	2
Phlebitis, ...	1
Mastitis, ...	3
Perineum—deficient, ...	2
Post-partum hæmorrhage, ...	1
Prolapse of Uterus, ...	4
Pyelitis—Chronic, ...	4
Rectocele, ...	1
Respiratory Diseases, ...	2
Retroversion, ...	22
Rheumatism, ...	3
Shingles, ...	1
Subinvolution, ...	33
Tonsilitis, ...	2
Vaginal Discharge, ...	2
Varicose Veins, ...	1
Pelvis and general condition satisfactory, ...	104
(e) Number of Cases:	
Referred to Family Doctor, ...	2
Referred to Hospital, ...	12
Referred to X-Ray Dept., ...	1
Treated at Post-Natal Clinic, ...	249

Compared with 1932, total attendances showed an increase of 19, but it was disappointing to find a decrease of 94 in the number of mothers attending. It is evident that mothers still require to be educated regarding the real preventive value of post-natal supervision. Three years working of the new Clinic has shown that 43.9 per cent. of the mothers attending required some form of treatment, of whom 22.5 per cent. required treatment for conditions directly due to pregnancy and parturition. At the Post-Natal Clinic, such conditions can be recognised at an early stage, and treatment can then be more effective.

(9) CHILD WELFARE CONSULTATIONS.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 354.

(a) Number of children attending:	
(1) Under one year of age, ...	933
(a) New patients, ...	699
(b) Patients re-attending, ...	234
(2) Over one year of age, ...	1,476
(a) New patients, ...	339
(b) Patients re-attending, ...	1,137

(b) Total number of attendances :				
(1) Under one year of age, ...	...	...	...	5,367
(2) Over one year of age, ...	...	...	...	5,873
(c) Summary of conditions found :				
Adenitis, ...	...	...	...	23
Congenital Defects, ...	...	...	...	9
Debility, ...	...	...	...	380
Dental Caries, ...	...	...	...	142
Gastro-intestinal Disorders, ...	...	...	...	356
Diseases of the Skin, ...	...	...	...	188
Ear affections, ...	...	...	...	44
Throat and nose disorders, ...	...	...	...	89
Eye affections, ...	...	...	...	34
Genito-urinary disorders, ...	...	...	...	15
Engorged breasts, ...	...	...	...	12
Infectious Diseases, ...	...	...	...	45
Injury, ...	...	...	...	5
Intestinal Parasites, ...	...	...	...	39
Icterus Neonatorum, ...	...	...	...	6
Phimosis, ...	...	...	...	85
Prematurity and Birth Debility, ...	...	...	...	12
Respiratory Disorders, ...	...	...	...	262
Rickets, ...	...	...	...	41
Stomatitis, ...	...	...	...	12
Surgical conditions (excluding nose and throat),	...	...	...	48
Tuberculosis, ...	...	...	...	1
Umbilical Condition, ...	...	...	...	18
Venereal Disease, ...	...	...	...	1
Healthy children, ...	...	...	...	588
(d) Number of surgical dressings, ...	...	...	...	265
(e) Cases referred to Hospital :				
(1) For operation, ...	...	...	...	124
(2) For consultation, ...	...	...	...	41
(3) For observation or medical treatment, ...	...	...	...	31

Total attendances numbered 11,230, as compared with 12,386 during 1932—the latter figure being a record total. The opening of an extra session in December, 1930, has assisted materially in reducing the overcrowding which previously obtained, and more time is now available to develop the very important, educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

RICKETS.

The incidence of this disease at the Child Welfare Clinics during 1933 is subjoined, and may be compared with the figures for the previous three years :—

	1930.	1931.	1932.	1933.
Total number of cases, ...	62	71	77	41
New cases, ...	20	55	55	22
Old cases re-attending, ...	42	16	22	19

The reduction in the number of new cases during 1933 is very welcome.

I subjoin the usual statistical data relating to the 22 new cases attending during the year:—

(1) **Classification.**

Early,	...	...	...	...	...	...	3
Medium,	...	...	...	...	...	...	15
Advanced or late,	...	...	...	...	...	...	4

(2) **Age Incidence.**

6 to 9 months,	...	...	...	...	...	4
9 to 12 months,	...	...	...	...	...	14
12 to 18 months,	...	...	...	...	...	4
18 to 24 months,	...	...	...	...	...	0

(3) **Modes of Feeding.**

Breast fed at birth,	...	...	...	...	17
Partly breast fed at birth,	...	...	...	...	1
Bottle fed,	...	...	...	...	4
Breast fed babies weaned earlier than 3rd month,	...	...	...	...	8
Breast fed babies weaned between 3rd and 6th month,	...	...	...	...	6
Breast fed babies weaned between 6th and 12th month,	...	...	...	...	2
Breast fed babies weaned after 12th month,	...	...	...	...	2

(4) **Question of Employment of Husband.**

Husband in steady employment,	...	...	...	11
Husband on short time,	...	...	...	2
Husband unemployed for a few months,	...	...	...	1
Husband unemployed for 1 year,	...	...	...	2
Husband unemployed for 2 years,	...	...	...	6

(5) **Housing Accommodation.**

Lodgings,	...	...	...	...	2
1-apartment houses,	...	...	...	...	7
2-apartment houses,	...	...	...	...	12
3-apartment houses,	...	...	...	...	1

The Health Visitors on their first visit to a house after a baby arrives leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular attendance can be secured. During 1933, 38 cases received this treatment at the Russell Institute; of these, 27 cases improved under treatment, while no fewer than 11 cases ceased attendance prematurely.

(10) SPECIAL TREATMENT CENTRES.

(1) **Dental Clinic.**

(a) Number of attendances, ...	694
(1) Mothers.... ..	172
(2) Children, ...	522
(b) Number of dentures supplied, ...	nil.
(c) Summary of Work:	

	New Cases.	Attendances.	Extractions.	Fillings.	Dressings, Etc.
Mothers....	78	172	148	5	33
Children,..	223	522	340	44	155
Totals, ...	301	694	488	49	188

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The number of new patients is 64 less than the previous highest total. The extractions carried out involved the giving of 365 local anæsthetics.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes.**

(a) Number of cases, ...	34
(b) Classified summary of conditions treated:	
Acute conjunctivitis, ...	7
Blepharitis, ...	9
Congenital Defects, ...	2
Hordeola, ...	4
Ophthalmia neonatorum, ...	8
Strabismus, ...	4

(3) **Ear, Nose and Throat.**

(a) Number of cases, ...	133
(b) Summary of conditions:	
Otorrhœa, ...	43
Enlarged tonsils and adenoids, ...	68
Adenoids, ...	5
Rhinitis, ...	11
Tonsillitis, ...	5
Deafness, ...	1

(4) **Artificial Sunlight Clinic—Child Welfare Cases.**

(a) Number of attendances, ...	1832
(b) Number of cases, ...	77
Old cases re-attending, ...	33
New cases, ...	44
(c) Note of conditions treated and results obtained:	

Dr. Susan M. MacMurray, who is in charge of this work, submits the following report:—

No. of Cases.	Condition.	Result.
2	Adenitis.	Well.
5	Adenitis.	Improved.
1	Birth injury.	General condition improved.
1	Bronchitis.	Well.
3	Bronchitis.	Improved.
3	Bronchitis.	Ceased attendance prematurely.
3	Debility.	Well.
11	Debility.	Improved.
4	Debility.	Ceased attendance prematurely.
1	Dermatitis.	Improved.
1	Insomnia.	Improved.
7	Rickets.	Well.
20	Rickets.	Improved.
11	Rickets.	Ceased attendance prematurely.
1	T.B. Abscess.	Improved.
1	T.B. Arthritis.	Improved.
1	Oritis Media.	Transferred for surgical treatment.
1	Chronic Otorrhœa.	Improved.

School Children (excluding Tuberculous cases) referred by School Medical Officer.

(a) Number of attendances.	...	...	...	...	410
(b) Number of cases,	...	...	...	...	19
Old cases re-attending,	...	...	...	...	6
New cases,	...	...	...	...	13

(c) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
3	Adenitis.	Ceased attendance prematurely.
1	Adenitis.	Well.
1	Chorea.	Improved, discharged.
1	Bronchitis and Asthma.	Unchanged.
2	Bronchitis and Asthma.	Continuing treatment.
5	Debility.	Well.
3	Debility.	Improved, continuing treatment.
1	Debility.	Ceased attendance prematurely.
1	Dermatitis of hand.	Well.
1	Dermatitis of scalp.	Improved, continuing treatment.

The work at this clinic showed a decrease, total attendances being 2,232 compared with 3,099 during 1932.

(11) DAY NURSERIES, KINDERGARTENS, AND PLAY CENTRES.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to

(15) OPHTHALMIA NEONATORUM.

(a) Number of cases notified, ...	19
(1) By doctor, ...	0
(2) By midwife, ...	13
(3) By institution, ...	6
(b) Number of cases in which infection was gonococcal, ...	7
(c) Number treated in residential institution, ...	0
(d) Number of cases in which there was appreciable loss of vision, ...	0

4 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) MATERNITY HOSPITALS.

(18) HOSPITALS FOR SICK CHILDREN.

Barshaw Maternity and Child Welfare Hospital.

A full detailed record of the year's work including the statistical and clinical data required by the Department of Health for Scotland, has been prepared by Dr. Elizabeth F. Hunter, and will be found in Part II. of the Report. Medical practitioners will find the clinical notes of special interest. Here, I need only refer to the principal figures and comment briefly on the year's work.

Maternity Wards—30 Beds.

	1922.	1929.	1930.	1931.	1932.	1933.
Number of admissions, 233	549	611	605	622	669	
Ante-natal, ...	83	166	162	192	201	194
In labour, ...	147	326	381	357	387	443
Post-natal, ...	3	7	2	4	7	2
Abortions, ...	11	48	62	52	27	30

The year under review shows a record total of admissions. Of the total, 214 were sent to Hospital by medical practitioners, 454 were referred from the ante-natal clinics, and 1 was admitted as an emergency case. No cases were admitted from outwith the Burgh.

The record total of admissions to the Maternity wards justifies a repetition of the plea put forward in previous Reports, that the question of providing more accommodation for maternity patients should receive the serious consideration of the Local Authority. On repeated occasions during the last six years, the Hospital has had to accommodate more than its official number of patients, and ante-natal patients and many cases of abortion have had to be refused admission. The education of the public to the undoubted advantages of institutional treatment, the steady development of the work at the Ante-natal Clinics, and the high percentage (65.2) of one and two-apartment houses in the

Burgh are the main factors responsible for the steadily increasing demand for more accommodation for mothers. It should be appreciated that, owing to the grave risks of puerperal infection, overcrowding of maternity wards is decidedly more dangerous than overcrowding of wards in an ordinary general hospital or even in a fever hospital. Up-to-date, by careful technique and ever-watchful administration, the medical and nursing staffs at Barshaw have managed to prevent any grave untoward results from the overcrowding which at times was unavoidable, but such immunity from serious outbreaks of puerperal infection cannot be expected to continue. So far, no mother in labour has been refused admission, but the accommodation for ante-natal cases and for cases of abortion is now definitely inadequate, and, in my opinion, at least 10 extra beds are required to remedy the existing deficiency. Ten years ago, the percentage of admissions of ante-natal patients from the Clinics was 21 per cent., while last year, owing to the shortage of accommodation, it had fallen to 13 per cent. Further, the period of residence of ante-natal patients has had to be seriously curtailed in order to make room for more urgent admissions. There is probably no necessity nowadays to emphasise the great importance of adequate ante-natal supervision and treatment, which is the key to the reduction not only of the high rates of maternal mortality and morbidity, but also of the high figures for still-births and neo-natal mortality. The position as regards admission of cases of abortion is even more unsatisfactory, as it is only possible nowadays to admit about half the number admitted in former years. The results of institutional treatment of such cases are uniformly good and certainly justify the expenditure involved. Only one death has occurred in the 431 cases treated in Barshaw Hospital during the last twelve years. Shock and hæmorrhage can be promptly and effectively treated in hospital, early and complete emptying of the uterus can be safely carried out, and the rest in bed, proper feeding, etc., are very important factors in securing an early return to normal conditions of health. Not only is abortion one of the causes of a high maternal mortality rate, but it is generally recognised that untreated cases are potential sources of maternal morbidity, e.g., chronic endometritis. There can be no doubt, therefore, that institutional treatment of such cases is very desirable. When no accommodation is available at Barshaw, such cases can usually be accommodated at the Royal Alexandra Infirmary or at Craw Road Institution, but, especially in view of the great pressure nowadays on the accommodation of all general hospitals, a Maternity Hospital undoubtedly provides the best facilities for the institutional treatment of such cases.

The question of the provision of more maternity beds bristles with difficulties. There would appear to be three courses open—(1) the present accommodation at Barshaw might be extended by

erecting an annexe; (2) arrangements might be made with the Renfrewshire County Council to provide accommodation for Paisley cases at the new County Maternity Hospital at present in course of erection at Thornhill, Johnstone; (3) a new and larger Maternity Hospital might be built within the Burgh.

The annexe for accommodating at least four extra nurses was completed towards the end of the year, and is a very welcome addition to the Hospital.

The Ante-Natal Ward continues to serve as a valuable and very necessary adjunct to the Ante-Natal Clinics. 194 cases were admitted during 1933, but, as has already been pointed out, the residence of such cases had to be seriously curtailed in order to make room for maternity patients. In addition to the three weekly Ante-Natal Clinics held at the Russell Institute, another weekly clinic is held at the Hospital, where the Resident Medical Officer sees patients referred to her by medical practitioners for advice and treatment. During 1933, 720 attendances were recorded at this Clinic by 104 patients—a record total and a pleasing tribute to the relations between the local medical practitioners and the Resident Medical Officer.

The number of cases of abortion was 30, a very low figure, due entirely to the lack of accommodation. One death occurred during the year, the first death due to abortion among the 431 cases treated since the opening of the Hospital in 1921. When no accommodation is available at Barshaw, such cases can usually be accommodated at the Royal Alexandra Infirmary, or at Craw Road Institution.

The number of confinements was 534, easily a record total; in 1932, this figure was 496. There were 296 normal deliveries without medical assistance, 138 normal deliveries requiring some form of medical assistance, and 100 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 1.5 per cent.—easily the lowest figure on record—the rate for normal deliveries, 1.15 per cent., and the rate for abnormal deliveries, 3 per cent.; the corresponding rates for 1932 were 5.6 per cent., 3.9 per cent., and 11.7 per cent. If extra genital causes of morbidity are excluded, the rate for normal deliveries is 0.45 per cent., and for abnormal deliveries, 2 per cent. Details of these cases and their classification will be found in Part II. of the Report.

There were 35 still-births, giving a rate of 6.4 per cent.; in 1932, this rate was 5.3 per cent., and in 1931, 3.3 per cent., a record figure. The neo-natal death rate—deaths of infants under

8 days—was 3.5 per cent., compared with 1.04 per cent. in 1932, 2.7 per cent. in 1931, and 6 per cent. in 1930.

There were 2 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.29 per cent., as compared with 0.6 per cent. for 1932, and 0.8 per cent. for 1931; this is a record low figure. One patient, transferred to Bridge Street Hospital on account of puerperal infection, died there. Including the death at Bridge Street Hospital, there were 3 deaths in 506 live births, giving a maternal mortality rate per 1,000 live births of 5.92. The causes of two deaths were Incomplete Abortion (1), Cerebral Tumour (1).

Dr. Donald McIntyre, Consultant Obstetric Surgeon, was called to the Hospital on 54 occasions, a very high figure, and his work may be summarised as follows:—87 consultations, 13 minor operations, and 19 major operations.

In February, 1933, Dr. Elizabeth F. Hunter was appointed to succeed Dr. Barbara K. Nicholson as Resident Medical Officer and also as Assistant Medical Officer under the Maternity and Child Welfare Scheme. Dr. Hunter is to be heartily congratulated on the record figures set up during her first year's service.

I have once again to thank Miss Lang, Matron, and her staff for the keenness and efficiency with which they tackled a record year's work.

Children's Ward—10 Beds.

When the hospital was opened, two wards were set aside for children—one for medical cases, and one for surgical cases. Since 1926, owing to the increased demand for accommodation for maternity cases, there has been only one ward of 10 beds available and this has been used chiefly for minor surgical cases referred from the Child Welfare Clinics.

The number of admissions was 245, compared with 284 in 1932; of these, 68 were medical cases and 177 were surgical cases. The average duration of residence was 18.5 days for the medical cases, and 8.7 days for the surgical cases. 28 cases were recommended for admission by medical practitioners. 155 cases were referred from the Child Welfare Clinics, while 60 infants were transferred from the maternity wards. There were 9 deaths, 3 surgical cases and 6 medical cases, the causes of death being Tonsillectomy (Status Lymphaticus) (1), Spina Bifida (1), Retropharyngeal abscess (1), Debility (3), Prematurity (2), and Obstructive Jaundice (1).

Of the 68 medical admissions, 21 were cases of prematurity, 7 debility, 6 marasmus, 4 enteritis, 21 observation and feeding, 2

congenital syphilis, 6 conjunctivitis, 4 skin conditions, 2 pemphigus.

The surgical work showed a distinct decrease, 193 operations, chiefly of a minor nature, being performed, as compared with 274 during 1932, 315 during 1931, and 273 during 1930. Operations on "indoor" cases numbered 154, while "outdoor" cases numbered 39; "outdoor" cases are not formally admitted to Hospital, but are brought there early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 87 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5 or 6 days. The work also included 49 cases for circumcision, 12 inguinal hernia, 1 umbilical hernia, 2 cleft palate, and 7 cases of talipes, 3 congenital dislocation of hip, 3 infantile paralysis, 2 T.B. ankles, treated by the application of plaster or splints. Apart from operations, the "outdoor" work involved 67 consultations with Dr. Andrew Hutton, surgical specialist to the Children's Ward, who is again to be congratulated on a useful year's work. The work done in this ward adds greatly to the value of the work at the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority receive at least £2 as Maternity Benefit. During 1933, £1,224 was collected, as compared with £1,173 in 1932, £893 in 1931, £908 in 1930, £846 in 1929.

I subjoin the new scales of contributions which, after very careful consideration, were approved by the Local Authority in March, 1932:—

Scale of Contributions for Maternity Cases.

- (1) Cases under necessitous scale, with no maternity benefit—
No charge.
- (2) Cases under necessitous scale, with maternity benefit—30/- per case.
- (3) Non-necessitous cases with income under 40/- per week, plus maternity benefit—42/- per case.
- (4) Non-necessitous cases with income between 40/- and 50/- per week, plus maternity benefit—54/- per case.
- (5) Non-necessitous cases with income between 50/- and 60/- per week, plus maternity benefit—68/- per case.
- (6) Non-necessitous cases with income over 60/- per week, plus maternity benefit—95/- per case and upwards.
- (7) Cases receiving two maternity benefits—20/- extra per case.

Scale of Contributions for Ante-natal, etc., Cases.

- (1) Cases under necessitous scale—No charge.
- (2) Non-necessitous cases with income under 40/- per week—
4/- per week.

- (3) Non-necessitous cases with income between 40/- and 50/- per week—6/- per week.
- (4) Non-necessitous cases with income between 50/- and 60/- per week—11/6 per week.
- (5) Non-necessitous cases with income over 60/- per week—20/- per week and upwards.

NOTE.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

(17) HOMES FOR UNMARRIED MOTHERS.

(19) CONVALESCENT HOMES.

(20) BOARDING-OUT.

(21) HOME HELPS.

(22) EDUCATIONAL.

(23) NOTE OF OTHER AGENCIES ASSOCIATED WITH THE SCHEME.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Woodside House for unmarried mothers, where there are between 30 and 40 confinements annually. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

These regulations came into force on 1st October, 1929.

(1) Total number of cases:						
(a) Puerperal Fever, ...	...	...	...	...	...	9
(b) Puerperal Pyrexia, ...	...	...	...	...	...	29
(2) Total number of cases removed to the Infectious Diseases Hospital:						15
(a) Puerperal Fever, ...	...	...	...	...	...	7
(b) Puerperal Pyrexia, ...	...	...	...	...	...	8
(3) Total number of deaths:						
(a) Puerperal Fever, ...	...	...	...	...	...	2
(b) Puerperal Pyrexia, ...	...	...	...	...	...	3
(4) Number of cases of instrumental delivery:						
(a) Puerperal Fever, ...	...	...	...	...	...	3
(b) Puerperal Pyrexia, ...	...	...	...	...	...	7
(5) Number of deaths occurring under (4):						
(a) Puerperal Fever, ...	...	...	...	...	...	0
(b) Puerperal Pyrexia, ...	...	...	...	...	...	1
(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners:						
					Puerperal Puerperal Fever. Pyrexia.	
(a) Consultant service, ...	...	...	0			2
(b) Bacteriological Examinations, ...	...	...	0			0
(c) Skilled nursing at home, ...	...	...	1			9
(d) Hospital treatment, ...	...	...	5			8

(25) OTHER PROVISIONS.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia, Enteritis, and Ophthalmia Neonatorum.

MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There is one registered Maternity Home in the area—a Private Nursing Home which has five rooms available for maternity cases. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Susan M. MacMurray and the staff of Health Visitors, who tackled their duties most effectively throughout the year.

PREVENTION AND CONTROL OF TUBERCULOSIS.

STAFF.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

The appointment of an additional Assistant Medical Officer in October, 1930, enabled a very desirable re-organisation of the work under the Tuberculosis Scheme to be carried out. Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is now responsible for all the clinical work under the scheme, which formerly was divided between three medical officers. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to Gockston Tuberculosis Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are, of course, very obvious, and the work under the Tuberculosis Scheme is now effectively co-ordinated.

INCIDENCE OF THE DISEASE.

The principal statistics for the year are as follows :—

Pulmonary Tuberculosis.—At the beginning of the year, there were 401 cases under observation; 105 cases were notified during the year; there were 67 deaths; at the end of the year, 416 cases remained under observation. 128 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.76 per thousand; in 1932 this rate was 0.60 per thousand; the average rate for the past 14 years is 0.79 per thousand.

The number of notifications was slightly below the average number, which for the past 14 years is 116.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 501 cases under observation; 50 cases were notified during the year; there were 20 deaths; at the end of the year 452 cases remained under observation. 29 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was the lowest on record, and was again distinctly below the average number, which for the past 14 years is 73.

The death rate for all forms of tuberculosis was 0.99 per thousand, which is the third lowest rate on record; in 1932, this rate was 0.84 per thousand; the average rate for the past 14 years is 1.13 per thousand.

Age Incidence of Cases Notified during 1933.

Age Periods.				Pulmonary.	Non-Pulmonary.
Under 1 year,	...	...	...	0	4
1 to 5 years,	...	...	...	2	10
5 to 15 years,	...	...	...	4	16
15 to 25 years,	...	...	...	38	9
25 to 45 years,	...	...	...	36	8
45 to 65 years,	...	...	...	22	3
Over 65 years,	...	...	...	3	0

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification.:

Abdomen,	..	...	...	...	...	...	19
Meninges,	...	...	...	...	...	...	10
Glands,	...	...	...	...	...	...	9
Bones,	...	...	...	...	...	...	0
Joint,	...	...	...	...	...	...	4
Spine,	...	...	...	...	...	...	2
Generalised,	...	...	...	...	...	...	2
Eyes,	...	...	...	...	...	...	0
Abscesses,	...	...	...	...	...	...	1
Genito-urinary,	...	...	...	...	...	...	1
Skin ...	...	...	...	...	...	...	2

As regards occupation, the principal figures are as follows:

Scholars,	...	...	...	...	...	...	20
Houseworkers,	...	...	...	...	...	...	20
Labourers,	...	...	...	...	...	...	19
Threadworkers,	...	...	...	...	...	...	9
Engineers,	...	...	...	...	...	...	7
Clerks,	...	...	...	...	...	...	3

HOUSING AND ECONOMIC FACTORS.

The following table shows the relation of the housing and economic factors to the incidence of 128 cases notified and investigated during the year:—

Houses.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income		
				Under £2	Between £2 and £3	Over £3
1 Apartment, ... *(14.9 per cent.)	24	18.7	3.9	15	7	2
2 Apartments, ... (50.3 per cent.)	76	59.4	5.7	27	25	24
3 Apartments, ... (21.9 per cent.)	21	16.4	5.6	0	5	16
Over 3 Apartments, ... (12.9 per cent.)	7	5.5	5.1	0	1	6

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 27.

Investigation was also made regarding the sleeping accommodation of 128 cases notified during the year and the results may be summarised as follow:—

- (1) At the time of notification 88 cases shared a bed.
- (2) At the time of notification 24 cases occupied a bed alone but shared a room.
- (3) At the time of notification 16 cases were the sole occupants of a room.

The allocation of tenants for the recent housing schemes, undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, was left in the hands of the Medical Officer of Health, and the Sanitary Inspector. Accordingly, the opportunity has been taken—up to 28th February, 1934—to re-house in this scheme 175 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. There are still about 150 applications for re-housing from tuberculous families remaining to be dealt with, about 40 per cent. of whom are living in overcrowded houses; it is hoped to get most of these families re-housed within the next few years.

REVIEW OF THE YEAR'S WORK.

The work carried out during the year may be reviewed under three headings:

- (1) Domiciliary Treatment.
- (2) Dispensary Treatment.
- (3) Institutional Treatment.

DOMICILIARY TREATMENT.

Owing to the high percentage of one—and two—roomed houses in Paisley—65.2 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 54 cases receiving help in this way during 1933. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £42 0s. 7d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies, whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1933, there were 43 recipients on the roll of this Fund, during the year 26 new cases received assistance, and at the end of the year 55 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £449 4s.

(2) **The Renfrewshire Memorial to the late King Edward.**—This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1933 106 patients in Paisley were assisted as follows:—18 patients received assistance in the shape of rent payments; 74 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 7 patients received dental treatment; 6 patients were provided with bed and bedding; 1 patient was assisted in the purchase of an artificial limb. £373 9s. was spent on these various services during 1933.

(3) **The United Services Fund, Earl Haig Fund, etc.**—These Funds are administered by the Paisley Ex-Servicemen's Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants have to be recommended in the first place by the Public Health Department. Mr. A. C. Wilson, the keen and energetic Honorary Secretary and Treasurer of the Committee, reports as follows regarding the assistance rendered by his Committee to tuberculous ex-Servicemen during 1933:—"This Committee continue to make grants towards the families of ex-service men, suffering from Tuberculosis, during the period the men are undergoing Sanatorium treatment. Men outside institutions have also been assisted. The amount spent in relief for the year was £140."

All applications for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1930.	1931.	1932.	1933.
Total Attendances, ...	2,400	2,448	2,111	2,057
Average Monthly Attendances, ...	200	204	176	171
Primary Consultations, ...	118	133	343	354

Of the new cases 75 came to the Dispensary of their own accord, 148 were referred by medical practitioners, 76 by the Public Health Staff, 5 by the School Medical Officers, 4 from the Royal Alexandra Infirmary, while 46 patients were referred on their discharge from hospitals and sanatoria. It is noteworthy that 95 cases were notified after consultation with Dr. Whiteford.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 381 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, again made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register no fewer than 86 observation cases, and also 81 notified cases who no longer required supervision.

X-Ray Diagnosis.

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

During 1933, there was again an increase in the work of this Department. 1,078 patients attended for examination, as compared with 980 during 1932; of these, 205 cases were referred by medical practitioners, 451 cases by the Public Health Staff, and 422 cases by the County Tuberculosis Officer. 1,558 plates were taken, compared with 1,592 plates in 1932.

In Dr. Whiteford's interesting report of the work done in this Department, attention is again directed to the X-Ray work carried out for the various municipal hospitals, of which perhaps the most interesting feature is that 63 maternity cases were referred from

Barshaw Maternity Hospital for diagnosis of type of pregnancy, as compared with 26 maternity cases referred during 1932.

The work done for cases in the pneumonia ward of the Fever Hospital is also most valuable, and is of the greatest assistance in clearing up the diagnosis of obscure chest conditions. Dr. Whiteford's appointment as Visiting Physician to the Sanatorium Wards in Craw Road Institution ensured, as his Report shows, full use being made of the facilities available for X-Ray diagnosis for the patients treated in that Institution.

Dr. Whiteford's Report is as follows :—

“The figures for work done in the X-Ray department, which have mounted yearly, show, for the year, 1933, a further trend upwards. There are two sessions weekly of this X-ray diagnosis clinic—Monday forenoons at 11 o'clock, devoted to bone and pelvis radiography; and Thursday afternoons at 2 o'clock, devoted to chest radiography. The Thursday diagnostic clinic is followed by the Artificial Pneumothorax Clinic when control pictures are taken of the pneumothorax refills.

“For the year, 1933, there was a total of 1,078 patients X-rayed, with a total of 1558 plates taken. This compares with 980 patients and 1592 plates for 1932.

“The table below gives the sources from which cases were drawn, with an analysis of the cases :—

	Chest.	Spine.	Hip— Pelvis.	Bones— Joints.	Skull.	Total Patients.	Total Plates.
Practitioner's Cases, ...	199	4	1	1	—	205	357
Burgh Health Dept. Cases,	289	29	103	27	3	451	603
County Health Dept. Cases,	389	6	16	10	1	422	598
Total,...	877	39	120	38	4	1078	1558

“The X-ray clinics at the Russell Institute cater for all the services included under the Burgh Health Department's schemes—Tuberculosis, Maternal and Child Welfare, and the Municipal Hospitals.

“Among the the 451 cases referred by Medical Officers of the Burgh Health Department were 68 patients under the Maternal and Child Welfare Scheme, 63 mothers for diagnosis of doubtful presen-

tations in pregnancy, and 5 cases of children for diagnosis of some bone defect.

"From the Tuberculosis Wards at Gockston Hospital, 2 cases were X-rayed during the year, and, from Craw Road Institution, 73 cases were referred for diagnosis of chest and other conditions.

"From the Burgh Infectious Diseases Hospital 16 cases were referred for chest diagnosis.

"The following table gives an analysis of those cases referred from the various Municipal Hospitals:—

	Chest.	Spine.	Hip— Pelvis.	Bones— Joints.	Skull.	Total Patients.
Bridge St. Hospital,	16	—	—	—	—	16
Craw Road Hospital,	46	11	9	7	—	73
Barshaw Hospital,...	—	—	4 & 63	1	—	68
Gockston Hospital,	1	—	—	1	—	2
Total, ...	63	11	76	9	—	159

"We are thus maintaining a liaison between the various Departments, and, as it were, pooling our resources in arriving at a final diagnosis in cases which are somewhat obscure. Difficulties on the Maternity side are anticipated; Pneumothorax refills are controlled; progress of cases in the Tuberculosis wards is gauged; and the end results of the treatment of chest conditions in the Isolation Hospital are seen. The last class is an important category, for cases deemed to require further investigation are recommended to attend the Tuberculosis Dispensary for observation. In this way, continuity of supervision and treatment is assured from the commencement of the illness until a final diagnosis is reached or until final discharge as cured."

Artificial Pneumothorax Treatment.—The X-Ray facilities at the Russell Institute, and the appointment of Dr. Whiteford as Clinical Tuberculosis Officer, enabled the Tuberculosis Staff to commence Artificial Pneumothorax Treatment of cases of Pulmonary Tuberculosis early in 1931. It is agreed that this treatment in suitable cases gives more encouraging results than any other, and Dr. Whiteford is to be congratulated on his new venture. The new work was commenced primarily for the benefit of patients who had been discharged from Bridge-of-Weir Sanatorium after a course of such treatment, but it is hoped, as experience is gained, to develop it for suitable cases among the patients in the local Tuberculosis Hospitals. The most suitable cases for this type of treatment are those in which the disease is confined to one lung.

Dr. Whiteford's Report is as follows:—

“There has been continued use of collapse therapy in the treatment of picked cases of pulmonary disease. Artificial Pneumothorax was induced in several inpatients in our local sanatorium wards, and the Thursday afternoon Outdoor Clinic for refills continued to function for patients discharged from hospital or sanatorium.

“There was a series of six hospital patients under pneumothorax treatment during 1933:—

Case I. (J.B.)—Treatment instituted in 1932, continued into 1933. Began with pleural effusion; aspirated and air-replacement performed. Discharged well, to attend Clinic.

Case II. (J.B.)—Treatment begun in 1932. Severe illness from start; repeated hæmorrhages; progressed well, until effusion appeared. Pyepneumothorax terminated the illness.

Case III. (M.T.)—Early apical lesion; general condition poor. Pneumothorax made dramatic change from the first. Discharged well, to attend Clinic.

Case IV. (G. K.)—Unilateral, but fairly advanced; general condition poor. Improved greatly with collapse of lung. Discharged to attend Clinic.

Case V. (J. McD.)—Disease mainly on one side. Collapse Therapy improved general condition and enabled patient to be transferred to a Sanatorium.

Case VI. (L. H.)—Bronchiectasis with increasing breathlessness, copious spit and factor of the breath. Collapse of affected side cleared up cough and spit. Followed by effusion which was aspirated. Still under treatment in 1934.

“Refills for the above inpatients totalled 79.

“The outdoor clinic for pneumothorax refills is conducted immediately after the X-ray diagnosis clinic on Thursday afternoons. We are thus able to exercise X-ray control over those home cases. Seven patients, discharged from extra-burghal sanatoria, attended for refills:—

Case (a) (M.B.)—Very well; is working as draughtsman.

Case (b) (W.W.)—Prone to breathless attacks, asthmatic in nature. Unemployed, but has periods of temporary work as clerk.

Case (c) (W.E.)—Unemployed; well, except for colds. Has some effusion but no symptoms. Is fit to work.

Case (d) (G.M.)—Unemployed but fit for work. No symptoms.

Case (e) (M. McS)—Well. Carries out housework.

Case (f) (N. McC.)—Unemployed but fit for work. No symptoms.

Case (g) (D.B.)—Working and keeping well. No symptoms.

“In addition to the 7 patients summarised above, the 3 discharged from our local tuberculosis wards attended the outdoor clinic. Refills for this group of 10 patients totalled 139.

“Results are encouraging, the technique is comparatively simple, and the patients are enthusiastic when they find that the symptoms abate exactly as is explained to them before treatment is begun. With suitable cases the work can be extended, and the patients’ length of residence in hospital shortened.”

Artificial Sunlight Treatment.—Artificial Sunlight Treatment for cases coming under the Tuberculosis Scheme was continued on the usual lines during 1933.

Dr. Whiteford submits the following interesting Report on the work:—

“The treatment of tuberculous conditions and cases labelled ‘pre-tuberculous’ by means of Artificial Sunlight was carried out as in former years. Two carbon arc lamps and four quartz mercury vapour lamps are the sources of the ultra violet light. During the latter part of the year one of the Q.M.V. lamps which are used for general light baths and local treatment, was replaced by a K.B.B. lamp adapted for purely local treatment, e.g., of enlarged gland and patches of lupus.

“During the year 1933 there were 193 cases under the U.V.R. therapy, as compared with 241 cases during 1932, the total exposures being 3,983 and 5,920 respectively. At the Wednesday afternoon clinic these cases are reviewed and their treatment adjusted according to the progress found at each examination. The clinic functions for the treatment of notified cases of certain types of non-pulmonary tuberculosis, and also of cases not definitely tuberculous but showing local or general signs of subnormal health and likely to benefit by U.V.R. therapy. These non-tuberculous cases we group under the heading—‘pre-tuberculous.’

“In all cases of non-pulmonary tuberculosis, a definite improvement can be seen after a course of U.V.R. therapy. The patients remark on their increased sense of well-being, improved appetite and sleep; weight is generally increased, and the tubercu-

lous focus shows marked improvement—glands become smaller, ulcers and sinuses heal over, and painful conditions are ameliorated.

“In ‘pre-tuberculous’ cases there is usually an improvement from the start. There is an infusion of new vigour and vitality into a body that has for long been on the verge of breakdown.

“In the table subjoined is an analysis of the cases who attended for U.V.R. treatment during 1933. These cases were recommended from several sources—by the staff of the Burgh Health Department, by the staff of the County Health Department, and by medical practitioners in the Burgh.

		Recommended by Burgh Health Dept.		Recommended by County Health Dept.		Recommended by Medical Practitioners.	
		Cases		Cases		Cases	
		continued from 1932	New Cases.	continued from 1932.	New Cases.	continued from 1932.	New Cases.
Non-Pulmonary Tuberculosis.	Improved : Treatment suspended,	8	10	2	3	6	10
	Treatment continued into 1934, ...	1	14	—	10	2	11
	Ceased attendance prematurely, ...	5	8	1	4	8	10
	Transferred to Hospi- tal, ...	—	2	—	—	2	—
Pre-Tuberculous Cases.	Improved : Treatment suspended,	5	10	—	—	7	7
	Treatment continued into 1934, ...	1	7	—	1	—	6
	Ceased attendance prematurely, ...	4	10	—	—	5	13
	Transferred to Hospi- tal, ...	—	—	—	—	—	—

The total number of cases was 193, including 136 new cases, and 57 cases continuing treatment from 1932. The new cases comprised 82 cases of non-pulmonary tuberculosis and 54 cases

labelled as 'pre-tuberculous'; and of the cases continuing from 1932 there were 35 cases of non-pulmonary tuberculosis and 22 'pre-tuberculous.'

"Below is appended an analysis of the end result of treatment for the various types of case:—

Analysis of Cases and Results.

	Improved: Treatment Treatment continued suspended. into 1934.	Ceased attendance prematurely.	Transferred to Hospital.
Pre - Tuberculous Cases (76),... ..	29	15	32
Tuberculous Adenitis (57),... ..	21	20	15
Tuberculosis of Abdo- men (36), ...	11	10	14
Tuberculosis of Bones and Joints (12), ...	4	5	2
Lupus and Allied Con- ditions (9),... ..	3	1	4
Other conditions (3), ...	—	2	1

"The heading 'Ceased treatment prematurely' refers to the defaulters. This class, as in former years, is derived mainly from the new cases.

"The total number of non-pulmonary cases on U.V.R. treatment was 117, and of these 36 defaulted. Thus, roughly 30 per cent. of definitely tuberculous cases failed to complete the course. Similarly, of 76 cases classed as 'pre-tuberculous' 32, or 42 per cent. defaulted. This registers a decrease in the percentage of defaulters of the tuberculous class, and a slight increase in the percentage default of the 'pre-tuberculous' category, as compared with the figures for 1932, viz., 40 per cent. and 39 per cent. respectively.

"We find that even with encouraging signs of betterment, and with much time spent on explaining the why and the wherefore of the treatment and its, sometimes, slow progress, there is still a great deal of apathy to be overcome, especially among patients whose signs and symptoms are not too alarming subjectively. With the first feeling of general improvement there comes a tendency to lose enthusiasm over their treatment, and they fall into default. But the continued cures among those who do carry out their full course of treatment give cause for satisfaction with U.V.R. as a curative agent in tuberculosis."

Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 818 cases of pulmonary tuberculosis who died during the eleven years, 1922 and 1933:—

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths, ...	107	13.1
Death occurring within 1 month of notification, ...	106	13.0
Death occurring within 1 to 3 months of notification, ...	122	14.9
Death occurring within 3 to 6 months of notification, ...	96	11.7
Death occurring within 6 to 12 months of notification, ...	76	9.3

In the remaining 311 cases—38 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 52.7 per cent. of the deaths from Pulmonary Tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

Institutional Accommodation Available for Paisley Cases.

Gockston Hospital.—30 beds, under the control of the Local Authority. This hospital serves as a “clearing house,” where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge-of-Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1933 are as follows :—

In hospital at beginning of year, 26—14 males, 12 females.

Admitted during the year, 55—25 males, 30 females.

Deaths during the year, 23—14 males, 9 females.

Craw Road Institution.—30 beds, under the control of the Local Authority, acting for the joint owners, Renfrew County Council, Town Council of Glasgow, and Paisley Town Council. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to provide additional accommodation in the wards of the main hospital and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1933 are as follows :—

In hospital at beginning of year, 40—18 males, 22 females.

Admitted during the year, 87—54 males, 33 females.

Died during the year, 21—13 males, 8 females.

Bridge-of-Weir Sanatorium.—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1933, are as follows :—

In hospital at beginning of year, 13—3 males, 10 females.

Admitted during the year, 14—12 males, 2 females.

Deaths during the year—1 female.

Peesweep Sanatorium.—18 beds, under the control of Renfrew County Council. In July, 1933, the management of the large Thread Mills in Paisley handed over this Institution to Renfrew County Council. 4 beds remain available for employees, the cost of treatment being borne by the Local Authority. At the time of transfer, 4 Paisley cases were taken over by the Local Authority.

Biggart Memorial Homes, Prestwick.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases excellent results are obtained. During 1933, 3 cases were admitted.

St. Andrew's Home, Millport.—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1933, 1 case from Paisley was admitted.

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are again to be heartily congratulated on a splendid record of work during the year. Noteworthy features were the cordial co-operation of medical practitioners with Dr. Whiteford, and also the continued increase of the work of the X-Ray Department.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows :—

- (1) **Facilities for Laboratory Diagnosis.**—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.
- (2) **Supplies of Salvarsan, etc.,** are available free of charge for the use of duly qualified medical practitioners.
- (3) **Clinic for Outdoor Cases at Craw Road Institution.**
- (4) **Ward Accommodation in Craw Road Hospital.**
- (5) **Educational and Publicity Campaign.**

Laboratory Diagnosis.—During the year 465 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total 176 specimens came from the Municipal Clinic, and the indoor wards, 147 from the Royal Alexandra Infirmary, and 142 specimens from medical practitioners. The Staff at the Clinic examined 1,518 specimens, and 156 specimens were examined in the laboratory at the Fever Hospital. Total examinations, therefore, numbered 2,139 which is the second highest total on record.

Supplies of Salvarsan, etc., to Medical Practitioners.—247 doses were supplied during the year to 9 medical practitioners.

Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1933 :—

		Non-specific Venereal				
		Syphilis.	Gonor- rhœa.	Soft Sore.	Infec- tions.	Other Diseases.
(1) No. of New Cases, 190.						Total.
Males,	...	24	83	0	4	36
Females,	...	8	33	0	0	2
		32	116	0	4	38
						190

(2) Total attendances, 14,243.

Males,	... 1,312	9,538	0	36	323	11,209
Females,	836	2,193	0	0	5	3,034
	2,148	11,731	0	36	328	14,243

(3) Average daily attendances, 39.7.

(4) Cases from outwith Paisley, 43.

Johnstone, 11; Renfrew, 5; Barrhead, 5; Greenock, 3; Glasgow, 3; Kilbarchan, 5; Bridge-of-Weir, Linwood, Neilston, 2 each; Bishopton, Lochwinnoch, Elderslie, Clydebank, Dalry, 1 each.

(5) Laboratory Work.

Specimens examined by Staff of Clinic,	...	1 518
Specimens sent to Glasgow Laboratory,	...	176
Total,	...	1,694

As compared with 1932, new cases showed a decrease of 12; new cases of syphilis, 32, were below the average number. while new cases of gonorrhœa, 116, were also below the average number.

The increase in cases of gonorrhœa among women during the last three years has been rather striking, and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff. Not only has the number of new cases increased, but during recent years the attendances of the female patients have shown an even more marked increase, the number during 1933 being 3,034. as compared with 1,289 during 1928. Needless to say, this increase in attendances is very satisfactory, indicating that the female patients are now becoming educated to the benefits of, and the necessity for, sustained treatment for these diseases.

Total attendances were 14,243, as compared with the total of 16,562 for 1932.

The average daily attendances were 39.7, as compared with 45.9 for 1932, 40.1 for 1930, 37.9 for 1929, and 21 for 1923.

The number of laboratory specimens examined by the Staff was the second highest on record; this work, chiefly carried out by Mr McGeehan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock.

Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1933, 60 patients received treatment, as compared with 58 during 1932; the average number for the past eleven years is 53. Of the total 46 were Paisley cases, 2 were Greenock patients, 2 were Johnstone cases, 3 were Kilbarchan cases, Elderslie and Neilson each contributed 2 cases, while Lochwinnoch, Linwood, and Inkermann each contributed 1 patient.

A welcome feature of the work in these wards was that 10 infants were born there during the year, indicating that the mothers are gradually becoming educated as regards the success which attends the treatment of syphilis in pregnant women, and also that co-operation with the Maternal and Child Welfare staff is real and active.

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is again to be congratulated on a fine record of work. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

Progress continues to be made with the various Corporation Housing Schemes. During 1933, 410 new houses were completed and occupied at Brediland and Shortroods. 31 new houses were built by private enterprise. During the same period, 87 uninhabitable houses were closed, and 14 houses were also closed for purposes of street improvement.

Housing progress since the War can be judged from the table given below for which I am indebted to Mr. James Lee, Master of Works:—

Number of Houses erected and occupied within the Burgh, 1919 to 1933.

Erected by—											
Year.	Private Enterprise.						Local Authority.				Grand Total
	2-apr.	3-apr.	4-apr.	5-apr.	Over 5.	Total.	2-apr.	3-apr.	4-apr.	Total.	
1919,	...	2	...	...	...	2	...	...	...	...	2
1920,	...	3	1	1	...	5	...	...	...	...	5
1921,	...	1	...	1	1	3	...	92	...	92	95
1922,	...	...	3	2	...	5	...	86	38	124	129
1923,	...	...	4	14	3	21	...	102	52	154	175
1924,	1	9	9	13	9	41	48	66	...	114	155
1925,	...	23	20	35	1	79	120	62	...	182	261
1926,	...	6	5	21	3	35	72	76	...	148	183
1927,	...	7	17	39	2	65	182	186	...	368	433
1928,	...	9	18	26	4	57	233	275	...	508	565
1929,	2	4	24	26	5	61	208	214	...	422	483
1930,	...	1	9	9	...	19	238	...	...	238	257
1931,	...	5	13	12	1	31	46	174	...	220	251
1932,	...	10	3	7	...	20	90	132	36	258	278
1933	...	2	9	20	...	31	96	212	102	410	441
Total,	3	82	135	226	29	475	1333	1677	228	3238*	3713

* This figure includes 102 houses built under Slum Clearance Scheme, and also 693 houses built during 1930, 1931, 1932, and 1933, primarily for tenants dispossessed from uninhabitable houses.

As regards uninhabitable houses, Mr Kelso, Chief Sanitary Inspector and Executive Officer under the Housing Acts, reports that in the course of inspection during the year, there were discovered 265 houses which were unfit for human habitation. During 1933, 26 closing and demolition orders were made under Section 16 of the Housing (Scotland) Act, 1930, while 61 houses were closed by arrangement with the owners who did not consider they could be satisfactorily repaired. 14 houses were also closed for purposes of street improvement.

In September, a Report on "Housing Requirements during the five years, 1934-38" was submitted to the Local Authority by Mr. Kelso and myself, and a copy of that Report is subjoined. In December, after careful consideration and full discussion, the Local Authority decided that during the next five years 3,000 houses would be required to be allocated as follows:—

(a) to replace houses unfit for human habitation,	155
(b) to accommodate persons living under overcrowded conditions, ...	2,395
(c) to meet other needs, ...	450
	3,000

BURGH OF PAISLEY.

Housing Requirements during the Five Years, 1934-38. Report by the Medical Officer of Health and Chief Sanitary Inspector.

In accordance with the remit from the Housing Committee, dated 24th July, 1933, we submit the following Report on Housing Requirements during the five years, 1934-38.

The remit refers to a circular from the Department of Health for Scotland, dated 17th July, 1933, requiring the Local Authority to submit to them before the end of this year a general statement of the measures they propose to take during the next five years for dealing with the housing conditions in their district and the provision of further housing accommodation. The statement to be submitted to the Department is to contain the following particulars:—

(1) An estimate of the number of houses required during the next five years (1934-38) to meet the needs of the inhabitants of the district of the Local Authority distinguishing between the number required—

- (a) to replace houses unfit for human habitation;
- (b) to accommodate persons living under overcrowded conditions.
- (c) to meet the needs of other persons requiring houses, e.g., married persons living with relatives or in sub-lets or in lodgings; persons desirous of getting married for whom accommodation is not available; etc.

(2) An estimate of the number of houses likely to be provided by the Local Authority during the same period of five years distinguishing the numbers under the same headings as in (1) (a) (b) and (c) above.

(A) Number of Houses required to replace houses unfit for human habitation.

It is expected that the schemes undertaken during recent years for the purpose of rehousing tenants dispossessed from uninhabitable houses will probably be completed early in 1934. When these schemes are completed, the tenants of all the uninhabitable houses at present on the register of the Chief Sanitary Inspector will at least have had the offer of being rehoused. It is probable, however, that a certain number will be unable to accept that offer, and it is considered that further provision will require to be made for 30 houses for this class of tenant.

Further, in the light of past experience and owing to the large number of old properties still inhabited, we estimate that at least 25 houses will be required in each of the next five years to replace houses which will become unfit for human habitation during that period.

In our opinion, therefore, a total of 155 houses will be required during the next five years to replace houses unfit for human habitation.

(B) Number of houses required to accommodate persons living under overcrowded conditions.

Since the publication this year of the detailed Report of the 1931 Census, authoritative figures can now be given regarding overcrowded conditions.

The standard nowadays adopted for overerowding is "more than 2 persons per room." That is the standard which in recent years the Department of Health for Scotland have required Local Authorities to adopt in the allocation of their houses. The following figures taken from the Census Report show how far short of that standard housing conditions are in Paisley.

1-Apartment Houses. There were 3,070, 1-apartment houses, forming 14.9% of the total houses.

Taking the standard of 2 persons per room, 1,652 or 53.8% of the 1-apartment houses were overcrowded. In these overcrowded houses, there were 3,620 persons in excess of the standard of 2 per room.

Therefore, at the average figure of 4 persons per house, the number of new houses required to deal with overcrowding in 1-apartment houses would be **905**.

2-Apartment Houses. There were 10,368 2-apartment houses, forming 50.3 per cent. of the total houses.

Taking the standard of 2 persons per room, 3,834, or 36.9 per cent. of the 2-apartment houses were overcrowded. In these overcrowded houses there were 8,741 persons in excess of the standard of 2 persons per room.

Therefore, at the average figure of 4 persons per house, the number of new houses required to deal with overcrowding in 2-apartment houses would be **2,185**.

3-Apartment Houses. There were 4,513 3-apartment houses, forming 21.9 per cent. of the total houses.

Taking the standard of 2 persons per room, 684, or 15.2 per cent. of the 3-apartment houses, were overcrowded. In these overcrowded houses there were 1,470 persons in excess of the standard of 2 persons per room.

Therefore, at the average figure of 4 persons per house, the number of new houses required to deal with overcrowding in 3-apartment houses would be **368**.

The above figures show that, adopting the accepted standard for overcrowding of "more than 2 persons per room," the total number of new houses required to deal with overcrowding existing at the time of the 1931 Census would be **3,458**.

The standard of overcrowding of "more than 2 persons per room" may possibly be objected to as being rather stringent. The old, pre-war standard for overcrowding in Scotland was "more than 3 persons per room." Applying that low standard to the 1931 Census Report, the figures are as follows:—

- (1) 1,007, or 32.8 per cent. of the 1-apartment houses were overcrowded, and the number of new houses required to deal with that overcrowding would be **492**.
- (2) 1,321, or 12.7 per cent. of the 2-apartment houses were overcrowded, and the number of new houses required to deal with that overcrowding would be **655**.
- (3) 102, or 2.2 per cent. of the 3-apartment houses were overcrowded, and the number of new houses required to deal with that overcrowding would be **39**.

The above figures show that, adopting the low, pre-war standard for overcrowding of "more than 3 persons per room," the total number of new houses required to deal with overcrowding existing at the time of the 1931 Census would be **1,186**.

During the two years since the Census was taken, 478 new houses have been completed and occupied, and during the same period 316 houses have been closed, either for reasons of habitability or for the purpose of street improvement. There has, there-

fore, since the Census, been an addition of 162 houses, which number would require to be taken into consideration when the Local Authority decide on their estimate of the number of houses required to accommodate persons living under overcrowded conditions.

In our opinion, therefore, the total number of houses required during the next five years to accommodate persons living under overcrowded conditions is from **1,024 to 3,296**, the final total depending on the standard of overcrowding which is adopted by the Local Authority.

(C) Number of Houses required to meet the needs of other persons requiring houses.

Under this heading, it would appear that provision would have to be made, (a) to meet the natural increase of population, and (b) for those persons desirous of getting married for whom accommodation is not available.

(a) During the 12 years from the 1921 Census, the population shows an increase of 1,608, or an annual increase of 134. Therefore, at the average figure of 4 persons per house, the number of new houses required each year to deal with the natural increase of population would be 33, or in the five years, 1934-38, **165**.

(b) The average number of marriages during recent years may be taken as about 575 per year. We estimate that at least 10 per cent. of that number will be unable to obtain houses. Therefore, the number of new houses required each year for persons desirous of getting married for whom accommodation is not available would be 57, or in the five years, 1934-38, **285**.

Under (C), therefore the total number of houses required in the five years, 1934-38, would be **450**.

Housing Schemes at present in course of erection.

There are four housing schemes at present in course of erection, and according to the Master of Works the position of these schemes at the end of December, 1933, will be as follows :—

- (1) Shortroods Scheme, ... approx. 42 houses to be completed.
- (2) Brediland Scheme, ... approx. 24 houses to be completed.
- (3) Barterholm Scheme, ... 354 houses to be completed.
- (4) Gallowhill Scheme, ... 264 houses to be completed.

The above figures show that, at the end of December, 1933, it is estimated that there will be 684 houses in course of erection.

Estimate of number of houses likely to be provided by the Local Authority during the five years, 1934-38.

We do not consider that it is within our province to give an estimate of the number of houses likely to be provided by the Local Authority during the next five years. But it may help the

Committee to make an estimate, if they consider the subjoined table showing the number of houses built by the Local Authority during each of the last 10 years:—

Year.	Houses.	Year.	Houses.
1923, ...	154	1928, ...	508
1924, ...	114	1929, ...	422
1925, ...	182	1930, ...	238
1926, ...	148	1931, ...	220
1927, ...	368	1932, ...	258

The total number built in 10 years is 2612 houses, giving an average of 261 houses per year. The highest number built in one year was 508 in 1928, while the lowest was 114 in 1924.

During the same 10 years, private enterprise was responsible for the erection of 199 houses of 2, 3 and 4 apartments, giving an average of 20 houses per year.

Whatever building programme is ultimately fixed, we would strongly recommend that the erection of houses suitable for those living in uninhabitable houses and under overcrowded conditions should have first consideration.

Conclusions.

(1) Housing requirements for the five years, 1934-38—

- (a) Number required to replace uninhabitable houses, 155.
- (b) Number required to abate overcrowding, ...1024-3296.
- (c) Number required to meet other needs, ... 450.

The total number of houses required, therefore, would be from 1,629-3,901, the final total depending on the standard of overcrowding which is adopted by the Local Authority.

(2) The number of houses which, at 31st December, 1933, will be in course of erection, is estimated at 684.

(3) It would appear that, even after the completion of the schemes at present in progress, the number of houses for which provision would still require to be made would be from 945-3217.

(4) The most urgent feature of the housing problem in Paisley is undoubtedly the grave overcrowding which at present exists, and in any future building programme the erection of houses at rents suitable for those living under overcrowded conditions should have first consideration.

(Sgd.) G. V. T. McMICHAEL,
Medical Officer of Health.

(Sgd.) W. W. KELSO,
Chief Sanitary Inspector.

Public Health Department,
Paisley, 29th September, 1933.

MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1933 :—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which organs only were Condemned.
Cattle, ...	6,384	197	229	645
Calves, ...	1,885	45	—	6
Sheep, ...	17,009	8	6	210
Swine, ...	7,127	22	10	236
	<u>32,405</u>	<u>272</u>	<u>245</u>	<u>1,097</u>

Of the 1,614 diseased animals, 1,155 were affected with Tuberculosis, of which 192 were totally condemned, and 207 partially condemned. The weight of meat condemned during the year was 56 tons, 12 cwts. During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 2 cows in the Public Markets; post-mortem examination at the Slaughter-house showed that both were affected with generalised tuberculosis, and the carcasses were totally condemned. Under Article 5 of the Tuberculosis Order of 1925, Mr. Andrew also seized 4 cows, of which 3 were found to be in an advanced stage of Tuberculosis, and the carcasses were condemned; the remaining carcase was passed as it was only affected locally.

DIABETES—PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Nine patients were assisted in this way during 1933.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information :

There are at present 16 registered cowsheds in the Burgh, the average number of cows kept being 348, and the average amount of milk produced being about 785 gallons daily. These were all inspected at least four times during the year, and the results recorded on the score card system; the lowest marks recorded were 82 out of a possible 100.

There are 70 retail dairies on the register; 25 shops for the sale of bottled milk; and 30 carts or other vehicles from outside areas registered to sell milk within the Burgh. All these premises were systematically inspected during the year, 5 inspections being made for each dairy.

The daily consumpt of milk within the Burgh is approximately 5,538 gallons, made up of 3260 gallons bulk milk, and 2278 gallons bottled milk; the total bottled milk includes 40 gallons certified milk, 19 gallons Grade A (T.T.), 5 gallons Grade A pasteurised, 1,607 gallons pasteurised milk, and 606 ordinary milk cooled and bottled. These figures represent a daily consumpt per head of the population of 2.01 gills—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

Two new licences were granted for the sale of Certified milk; the subjoined table shows the results of analysis of Graded Milks:—

		Bacteriological Examination.			Chemical Analysis.		
		Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solids per cent.	Total Solids per cent.	
Pasteurised Milk— 8 Samples.	Highest, Lowest, Average,	41,000	Absent 7 Present 1	4.10	8.85	12.95	
		400		3.40	8.62	12.02	
		8,113		3.72	8.75	12.47	
Certified Milk— 9 Samples.	Highest, Lowest, Average,	21,000	Absent in all	4.78	9.33	14.11	
		575		3.50	8.68	12.18	
		5,333		4.15	8.92	13.07	
Grado A (Pasteurised) Milk— 3 Samples.	Highest, Lowest, Average,	11,500	Absent in all	4.42	9.12	13.54	
		400		3.53	8.95	12.48	
		4,266		4.02	9.01	13.03	

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

WATER SUPPLY.

No change took place in the general water supply arrangements of the town, which is of good quality and adequate for present requirements, as borne out by the following particulars of the reservoirs :—

			Depth.		Capacity.
			Feet.	Inches.	Cubic Feet.
Barcraigs Reservoir,	...	...	36	0	196,852,050
Camphill Reservoir,	...	...	70	0	116,766,880
Rowbank Reservoir,	...	...	33	5	78,074,248
Stanely Reservoir,	...	...	31	1	31,891,051
Glenburn Reservoir,	...	...	28	0	12,651,204
Harelaw Reservoir,	...	...	20	0	14,248,313

450,483,746

This gives a storage capacity equal to 212 days' supply, and the lowest quantity in store during the year was equal to 150 days' supply. There are 27 filters and 6 tanks, and the consumpt within the whole water supply district was at the rate of 42½ gallons per day per head of the population for domestic purposes, and 89 gallons for all purposes.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

Consequent on the national economic crisis in the autumn of 1931, the Local Authority decided to postpone their scheme for the purification of the sewage of the Burgh.

The Refuse Destructor dealt with 22,113 tons of unscreened refuse during the year, the daily average—with two eight-hours' shifts—being 71 tons. The revenue from residual products, clinker, mortar, waste paper, old tins, etc., amounted to £251 compared with £338 for the previous year. The electricity generated and used was equal to a consumpt of £338.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 114 workshops on the register, and 134 inspections were made of those most requiring attention.

In terms of the Home Work Order, 16 lists of outworkers were received; 9 in February, relating to 28 outworkers, and 7 in August relating to 28 outworkers, of whom 52 were employed within the Burgh, and 4 outwith. Four lists regarding outworkers were sent to the authorities of the districts where they were employed, and 1 list was received from another authority. Inspection of such premises disclosed nothing calling for special attention.

There are 56 bakehouses in the Burgh, none of which are underground. Two notices were received from H.M. Inspector of Factories, both referring to the necessity for limewashing; these notices received immediate attention.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

I subjoin copies of the various Returns which have been called for by the Department of Health for Scotland and which relate to the Health and Institutional Services administered by the Local Authority:—

BURGH OF PAISLEY.

Health Services: Form 10.
1933.

HEALTH SERVICES—Note of changes and developments since completion of former returns. ("Nil" returns to be rendered where appropriate.)

I.

Form 4—Health Staffs of the Local Authority.

Changes in the Council's medical, dental, nursing, sanitary and veterinary staffs, exclusive of the staffs of hospitals:—

Junior Assistant Medical Officer (M. & C.W.) and Resident Medical Officer to Barshaw Maternity Hospital.—On 1st April, 1933, Dr. Elizabeth Frew Hunter, B.Sc., M.B., Ch.B., D.P.H., succeeded Dr. Barbara K. Nicholson.

II.

Form 5—(A) Clinics and (B) Laboratory Services.

(A) Clinics.

(N.B.—Minor changes, e.g., in days and times of sessions, need not be reported. What is desired is a note of any material development or reduction of services and of any innovations.)

Nil.

(B) Laboratory Services.

Laboratory, Infectious Diseases Hospital—

Owing to the increase of work in the above Laboratory, in the Autumn of 1933, a part-time Medical Officer was engaged to assist the Resident Medical Officer.

III.

Form 8—Care of the sick poor under the Poor Law.

Nil.

The following figures for the year should be given, viz..

	Male.	Female.	Children.	Total.
(a) Persons who received outdoor medical relief in the Council's area, ...	1657	1065	1223	3945
(b) Poor persons who received medical treatment under the Poor Law in—				
(1) the Council's institutions, including combination institutions in which the Council has a share—				
Craw Road Institution, Paisley, ...	649	323	62	1034
(2) other—Auchentorlie and Woodside House, Paisley, ...	—	21	83	104
Totals, ...	2306	1409	1368	5083

NOTE.—Persons who in virtue of Section 14 (4) of the Local Government (Scotland) Act, 1929, received domiciliary or institutional treatment otherwise than under the Poor Law are not to be included in these figures.

IV.

Form 9 (A) Adequacy of hospital facilities and (B) arrangements for treating neurological and mental disabilities in the pre-certification stages.

(A) Adequacy of hospital facilities

(Include here a note of any change in the accommodation available in the area whether by the erection of new hospitals, by the extension or closure of existing hospitals, or by the conclusion of new agreements or the alteration of old agreements with other Councils.)

In July, 1933, the patients hitherto accommodated in Auchentorlie House, Paisley, a Poor-Law home for children and unmarried mothers, were transferred to more suitable premises at Woodside House, Paisley. The accommodation remains as at Auchentorlie House. The administration of Woodside House has been divorced from Craw Road Institution, Paisley, and has been delegated to the Public Health Committee.

(B) Arrangements for treating neurological and mental disabilities in the pre-certification stages.

Nil.

RETURN: Year 1933.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Craw Road Institution, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	...	...	1199
2.	Total number of patients discharged,	...	...	1056
3.	Total number of deaths,	...	...	168
4.	Average duration of stay of patients included in 2 and 3 above,	...	...	Days, 33
(Total patient-days divided by the sum of the deaths and discharges).				
5.	Number of beds occupied:			
	(a) Average during the year,	...	...	209
	(b) Highest, 240 on (date) 8th February, 1933.			
	(c) Lowest 176 on (date) 5th August, 1933.			
6.	Number of surgical operations:			
	(a) Under general or spinal anæsthesia,	...	...	116
	(b) Other operations,	...	...	43

B. OUT-PATIENTS.

1.	Total number of persons seen in the out patient department,	...	...	43
2.	Total number of attendances in the out- patient department,	...	...	460

NOTE.—There is no real out-patient department at the Hospital, and the above figures refer to private patients attending for massage and Artificial Sunlight treatment.

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

RETURN: Year 1933.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Auchentorlie House and Woodside House,
Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions, ...	261
2.	Total number of patients discharged, ...	247
3.	Total number of deaths, ...	27
4.	Average duration of stay of patients included in 2 and 3 above, ... Days,	51
(Total patient-days divided by the sum of the deaths and discharges).		
5.	Number of beds occupied:	
	(a) Average during the year, ...	59
	(b) Highest, 74, on (date) 8th April, 1933, and 30th December, 1933.	
	(c) Lowest, 48, on (date) 9th-17th July (incl.) and 11th and 12th August, 1933.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia, ...	Nil.
	(b) Other operations, ...	Nil.

B. OUT-PATIENTS.

1.	Total number of persons seen in the out- patient department, ...	Nil.
2.	Total number of attendances in the out- patient department, ...	Nil.

Note.—There is no out-patient department.

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

During the second week in July, the patients in Auchentorlie House were transferred to Woodside House. Auchentorlie House was the joint property of the Town Councils of Glasgow and Paisley and the County Council of Renfrew. Woodside House belongs solely to the Town Council of Paisley, who have delegated its administration to the Public Health Committee.

Woodside House is a Poor-Law Children's Home, and provides 54 beds for the accommodation of sick children, healthy children and unmarried mothers. There are two wards for children under 5 years, two dormitories for school children, and a ward of 4 beds for unmarried mothers, with labour room attached. The dining and play room accommodation is sufficient, and the kitchen and store-rooms, etc., provide ample accommodation. A new electric lighting installation and a central heating system have been provided. Altogether, the accommodation at Woodside

House is exceptionally good for the purposes of a Children's Home. The medical and nursing staffs remain as at Auchentorlie House, but the Medical Officer of Health is now the official responsible for the administration.

Hospitals: Form 2.

RETURN: Year 1933.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Barshaw Maternity and Child Welfare Hospital, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	...	...	914
2.	Total number of patients discharged,	...	...	896
3.	Total number of deaths,	...	...	11
4.	Average duration of stay of patients included in 2 and 3 above,	...	...	Days, 13
(Total patient-days divided by the sum of the deaths and discharges).				
5.	Number of beds occupied:			
	(a) Average during the year,	...	...	35
	(b) Highest, 48, on (date) 23rd January, 1933.			
	(c) Lowest, 26, on (date) 15th August, 1933.			
6.	Number of surgical operations:			
	(a) Under general or spinal anæsthesia:			
	Maternity Wards,	...	...	146
	Children's Wards,	...	...	189
				335
	(b) Other Operations:			
	Maternity Wards,	...	...	nil
	Children's Wards,	...	...	4
				4

B. OUT-PATIENTS.

Ante-Natal Clinic:

(a)	Number of patients,	...	...	...	104
(b)	Number of attendances,	...	...	...	720

Out-patient Children:

(a)	Number of operations,	...	...	...	39
(b)	Number of Consultations with Specialist,	...	...	...	67

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:
Nil.

Hospitals: Form 2.

RETURN: Year 1933.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Burgh Infectious Diseases Hospital,
Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	...	...	1377
2.	Total number of patients discharged,	...	...	1208
3.	Total number of deaths,	...	...	78
4.	Average duration of stay of patients included in 2 and 3 above,	...	...	Days 28

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied:

- | | | | | |
|-----|---|-----|-----|-----|
| (a) | Average during the year, | ... | ... | 103 |
| (b) | Highest, 198, on (date) 24th November, 1933. | | | |
| (c) | Lowest, 46, on (date) 28th and 29th August, 1933. | | | |

6. Number of surgical operations:

- | | | | | |
|-----|-------------------------------------|-----|-----|----|
| (a) | Under general or spinal anæsthesia, | ... | ... | 11 |
| (b) | Other operations, | ... | ... | 15 |

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department,	...	...	—
2.	Total number of attendances in the out-patient department,	...	...	—

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Owing to the increase of work in the Hospital Laboratory in the autumn of 1933, a part-time Medical Officer was engaged to assist the Resident Medical Officer.

RETURN: Year 1933.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Gockston Tuberculosis Hospital, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	...	...	55
2.	Total number of patients discharged,	...	...	34
3.	Total number of deaths,	...	...	20
4.	Average duration of stay of patients included in 2 and 3 above,	...	...	Days, 141
(Total patient-days divided by the sum of the deaths and discharges).				
5.	Number of beds occupied			
	(a) Average during the year,	...	...	23
	(b) Highest, 27, on (date) 8th May, 1933.			
	(c) Lowest, 19, on (date) 20th December, 1933.			
6.	Number of surgical operations:			
	(a) Under general or spinal anæsthesia,	...	...	—
	(b) Other operations,	...	...	—

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department,	...	...	—
2.	Total number of attendances in the out-patient department,	...	...	—

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

Medical Report on Craw Road Institution.

In accordance with the instructions of the Department of Health for Scotland, I beg to submit the annual report on the medical aspects of the administration of Craw Road Institution for the year 1933. I am much indebted to Dr. Enid M. Dixon, Senior Resident Medical Officer, who has furnished me with the statistical data included in the report, and who has also been most helpful in giving her opinions on the adequacy of the medical services provided in the Institution.

The suitability of the Institution from a medical stand-point was recently reviewed by the officers of the Department of Health for Scotland, who later issued a report on the various Institutional Services in the County of Renfrew. It may be said that the present view of the Department is that no further hospital developments should take place at Craw Road Institution, but that any future extensions of general hospital accommodation should take place on the site of the new Infectious Diseases Hospital at Hawkhead. That official view must, therefore, be kept in mind in considering any future policy regarding the hospital accommodation at Craw Road.

General Staffing and Organisation.—The administration of the whole Institution is in the capable and experienced hands of Mr. Hugh Black, the Governor.

Medical Staff.—There are two Resident Medical Officers, who work under the direction of the Visiting Medical Staff. Dr. George Millar is the Visiting Surgeon. Dr. William Gibson is the Visiting Physician, and Dr. Whiteford, Clinical Tuberculosis Officer, acts as Visiting Physician to the Sanatorium Wards. The Visiting Surgeon and Physician visit the patients daily.

Medical Care of Inmates.—The various departments of the Institution are visited daily, and ordinary inmates have the opportunity of consulting the resident medical officers at a fixed hour twice daily. The inmates in the Ordinary Wards are examined and classified every quarter.

Children and Young Persons.—Children and young persons who come under the care of the Public Assistance Department are admitted to Woodside House.

Diets.—All the diets in use are approved by the Department of Health for Scotland. The quality, quantity, and the cooking of food remain satisfactory.

Nursing Staff.—The staff of nurses is as large as the accommodation permits. The exchange of nurses with the Royal Samaritan Hospital for Women, Glasgow, has proved satisfactory.

Lectures for nurses are given by the Resident Medical Officers and the Assistant Matron, and, during the year, 4 nurses passed the final examination held by the General Nursing Council for Scotland.

Inmate Labour.—The domestic work of the hospital wards is done by inmate labour. In my opinion, the advisability of utilising inmate labour in the hospital wards should receive early consideration from the new Joint Committee which will shortly be set up to administer the Institution. The system has many disadvantages, and, in my opinion, it is a serious obstacle to any scheme for raising the standard of the Municipal Hospital Service.

Heating, Ventilation, and Equipment.—The heating, ventilation and equipment of the wards is generally satisfactory. In the case of the operating theatre, where the exposure is due South, the ventilation in warm weather is at times inadequate and the provision of an extraction fan might be considered.

Dispensing of Medicines, etc.—The dispensing of medicines, etc., for the Hospital is carried out daily by the Resident Medical Officers.

X-Ray Diagnosis.—Where necessary, patients in the ordinary hospital wards are referred for X-Ray examination to the Royal Alexandra Infirmary; 21 cases were X-Rayed there during 1933. Tuberculosis cases are X-Rayed at the Russell Institute, where, during the year, 73 cases were examined.

Massage.—A qualified masseuse attends twice weekly. In-patients are referred to her by the medical staff, and, from time to time, out-patients are referred by the Public Assistance Department.

Infectious Diseases.—Cases of Infectious Diseases are removed at once to the Burgh Infectious Diseases Hospital. There are no facilities in the Hospital for the isolation of doubtful cases, but accommodation for such cases will be provided at the new Infectious Diseases Hospital, the erection of which will shortly be commenced. Diseases of the Skin are treated in a Special Ward in the Infirm Block.

Venereal Diseases.—There is a special ward for the treatment of acute cases who require indoor treatment and who are unable to attend as out-patients at the Special Treatment Clinic. A feature of the work in this ward in recent years has been the admission of pregnant mothers suffering from venereal disease, and the results of treatment of such cases have been very satisfactory. 58 speci-

mens of blood were sent to the Public Health Department for Wassermann Tests.

Cancer.—Cases of cancer suitable for radium treatment are transferred to the Cancer Hospital, Glasgow.

Dental Service.—A local dental surgeon attends at the hospital when required, to treat patients referred by the Medical Staff. During 1933, 81 cases received dental treatment.

Statistical Record.

The admissions, discharges and deaths in connection with the Hospital, St. Margaret's Hospital, Sanatorium, and Observation Wards are shewn in the following table:—

	M.	W.	B.	G.	Total.
Resident at 31st December, 1932, ...	124	88	12	9	233
Admitted during year (incl. transfers), ...	768	397	71	63	1299
Total under treatment, ...	892	485	83	72	1532
Discharged:—					
	M.	W.	B.	G.	Total.
Cured, ...	254	150	40	36	480
Improved, ...	265	136	12	10	423
No change, ...	161	69	13	10	253
Died, ...	103	56	6	3	168
	783	411	71	59	1324
Resident at 31st December, 1933, ...	109	74	12	13	208

CLASSIFICATION OF DISEASES.

Medical.

Diseases of Circulatory System.

Arterio-Sclerosis, ...	13
Cardiac Disease, ...	63
Cerebral Hæmorrhage, ...	16
—	92

Diseases of Respiratory System.

Asthma, ...	3
Bronchitis, ...	122
Bronchiectasis, ...	1
Capillary Bronchitis, ...	1
Pleurisy, ...	9
Hæmoptysis, ...	2
Broncho-pneumonia, ...	3
Influenzal pneumonia, ...	6
Lobar pneumonia, ...	5
—	152

Diseases of the Nervous System.

Confusion, ...	4
Dementia præcox, ...	1
Depression, ...	1
Disseminated Sclerosis, ...	3
Epilepsy, ...	12
General Paralysis of Insane, ...	2
Herpes Zoster, ...	1
Hemiplegia, ...	14
Hysteria, ...	4
Locomotor Ataxia, ...	1
Mental Deficiency, ...	3
Meningitis, ...	1
Neurasthenia, ...	4
Neuritis, ...	7
Neuralgia, ...	3
Neuro - Syphilis, ...	1
Paralysis agitans, ...	1
Paraplegia, ...	4
Periferal Neuritis, ...	1
Post-diphtheritic paralysis, ...	1
Post-encephalitis lethargica, ...	3
Pseudo-hypertrophic paralysis, ...	1
Sciatica, ...	5
Spastic paraplegia, ...	2
Vertigo, ...	4

Diseases of Alimentary System.

Colic, ...	3
Colitis, ...	1
Constipation, ...	6
Enteritis, ...	11
Gastritis, ...	22
Gastro-enteritis, ...	1
Gastric Ulcer, ...	4
Hæmatemesis, ...	2
—	50

Diseases of Urinary System.

Cystitis, ...	9
Enuresis, ...	4
Nephritis, ...	13
Pyelitis, ...	5
—	31

Other Medical Diseases.

Anæmia, ...	6
Alcoholism, ...	22
Arthritis, ...	7
Catarrhal Jaundice, ...	2
Chill, ...	8
Cirrhosis of Liver, ...	1
Coccydinia, ...	2
Debility, ...	21
Diabetes, ...	2
Epidemic parotitis, ...	1
Epididymitis, ...	3
Erythema nodosum, ...	1
Erysipelas, ...	2
Fibrositis, ...	1
Infancy, ...	12
Influenza, ...	44
Laryngitis, ...	4
Lumbago, ...	9
Myalgia, ...	6
Hyperpyesia, ...	2
Hyperthyroidism, ...	1
N.A.D., ...	2
Pernicious Anæmia, ...	1
Pharyngitis, ...	1
Phlebitis, ...	5
Pleurodynia, ...	5
Prupina hæmorrhagica, ...	1
Rheumatism, ...	31
Rheumatoid Arthritis, ...	4
Scarlet Fever, ...	1

Senility, ...	59
Shock, ...	1
Synovitis, ...	4
Tonsillitis, ...	11
Urethritis, ...	5
Diseases of Skin, ...	45
Diseases of Eye, ...	4
Diseases of Ear, ...	3

— 340

Surgical Diseases.

Appendicitis, ...	4
Abscesses, ...	17
Adenitis, ...	2
Anal Condylanata, ...	2
Bedsore, ...	1
Bartholinitis, ...	2
Bruising, ...	11
Burns, ...	5
Carbuncle, ...	3
Carcinoma, ...	21
Cellulitis, ...	3
Cholecystitis, ...	1
Dennoid Cyst, ...	2
Dental Caries, ...	3
Dislocations, ...	1
Enlarged Prostate, ...	4
Fæcal fistula, ...	1
Fissure in ano, ...	1
Fractures, ...	12
Frost Bite, ...	1
Gangrene, ...	5
Hæmatoma, ...	1
Hæmorrhoids, ...	15
Hernia, ...	7
Injury, ...	25
Intestinal Hæmorrhage, ...	5
Intestinal Obstruction, ...	7
Loose cartilage, ...	1
Mastoiditis, ...	1
Mastitis, ...	2
Osteomyelitis, ...	1
Perthe's disease, ...	1
Phimosis, ...	4
Post-operative adhesions, ...	3
Rectal prolapse, ...	3
Renal colic, ...	2
Sepsis, ...	21
Sinusitis, ...	2

Sprain, ...	2
Spinal disease, ...	1
Septic Arthritis of Hip, ...	2
Tonsils and Adenoids, ...	6
Urethral Carnucle, ...	1
Urethral stricture, ...	1
Ulcers, ...	6
Varicose Ulcers, ...	6
Varicose Veins, ...	2
Varicocele, ...	1
	— 231

Midwifery and Gynæcological Diseases.

Abortion, ...	16
Acute Yellow Atrophy of Liver, ...	1
Albuminuria of Pregnancy, ...	1
Hyperemesis gravidarum, ...	1
Leucorrhœa, ...	2
Metrorrhagia, ...	1
Menorrhagia, ...	2
Pelvic Cellulitis, ...	1
Pregnancy, ...	10
Salpingitis, ...	1
Vaginitis, ...	1
	— 37

Tuberculous Diseases.

Tuberculosis of Lungs, ...	103
Tuberculosis of Abdomen, Bones and Joints, ...	34
	— 137
Mental cases in Observation Wards, ...	87

Venereal Diseases.

Syphilis, ...	6
Gonorrhœa, ...	36
Syphilis and Gonorrhœa, ...	6
Births, ...	10
	— 58
Total, ...	1299

Operations.

During the year 159 operations were performed:—

Major	40
Minor	119

There was one post-operative death.

Deaths.

During the year 168 patients died. The causes of death were as follows:—

Diseases of Circulatory System.

Arterio Sclerosis, ...	10
Auricular fibrillation, ...	1
Cerebral Hæmorrhage, ...	15
Cerebral Thrombosis, ...	4
Dilatation of Heart, ...	1
Myocardial degeneration, ...	21
Myocarditis, ...	2
Pericarditis, ...	2
Valvular disease of the heart, ...	12
	— 68

Diseases of the Respiratory System.

Abscess of Lung, ...	1
Broncho-pneumonia, ...	18
Hypostatic pneumonia, ...	1
Influenzal pneumonia, ...	1
Lobar pneumonia, ...	4
Unresolved pneumonia, ...	1
	— 26

Diseases of Nervous System.

Acute Myelitis, ...	1
Disseminated Sclerosis, ...	1
Locomotor Ataxia, ...	1
	— 3

Malignant Disease.

Carcinoma of Bladder, ...	1
Carcinoma of Cæcum, ...	2
Carcinoma of Colon, ...	4
Carcinoma of Oesophagus, ...	1
Carcinoma of Prostate, ...	1
Carcinoma of Stomach, ...	7
Carcinoma of Uterus, ...	1
Epithelioma of Penis, ...	1
Epithelioma of tongue, ...	2
Sarcoma of Hip, ...	1
	— 21

Other Diseases.

Acute Intestinal Obstruction, ...	1
Acute Yellow Atrophy of Liver, ...	1
Amyloid disease of intestine, ...	1
Amyloid kidney disease, ...	1
Chronic interstitial nephritis, ...	5
Diabetic coma, ...	1
Exfoliative dermatitis, ...	1

Fracture of femur, ...	3
Fracture of skull, ...	2
Gangrene of feet, ...	4
Gastro-enteritis, ...	1
Pernicious Anæmia, ...	1
Prematurity, ...	2
Septicæmia, ...	1
	— 25

Tuberculosis.

Tuberculosis of lungs, ...	18
Tubercular meningitis, ...	1
Tuberculous abdomen, ...	1
Generalised tuberculosis, ...	1
Tuberculosis of kidney, ...	1
Tuberculosis of spine, ...	2
Tubercular enteritis, ...	1
	— 25

Post-mortem examinations were performed in 3 cases, and permission was refused in several other cases.

MENTAL WARDS.

	M.	F.	Total.
Resident at 31st Dec., 1932, ...	47	56	103
Admitted during year, ...	1	1	2
Total under treatment, ...	48	57	105

Transferred:—

	M.	F.	Total.
Go private dwellings, ...	1	—	1
Escaped, ...	1	—	1
Died, ...	2	2	4
	4	2	6

Resident at 31st Dec., 1933, ...	44	55	99
-------------------------------------	----	----	----

Diseases for which cases were admitted:—

Mental Deficiency, ...	1
Senile Dementia, ...	1
Total, ...	2

Causes of death:—

Senile Dementia and Myocardial Degeneration, ...	1
Arterio-sclerosis, Senile Dementia, and Myocardial Degeneration, ...	1
Status Epilepticus and Myocardial Degeneration, ...	1
Senile Dementia and Myocardial Degeneration, ...	1
Total, ...	4

Post-mortem examinations were made in two cases, permission not being obtained for the others.

OBSERVATION WARDS.

	M.	F.	Total.
Resident at 31st Dec., 1932, ...	5	6	11
Admitted during year, ...	51	36	87

Total under treatment, ... 56 42 98

Discharged:—

	M.	F.	Total.
Cured, ...	7	8	15
Improved, ...	16	12	28
No change, ...	10	9	19
Died, ...	1	0	1

Transferred:—

To Broadfield Cer- fied Institu- tion, ...	3	0	3
To Asylums, ...	15	9	24

52 38 90

Resident at 31st Dec., 1933, ... 4 4 8

Diseases for which Patients were Admitted.

	M.	F.	T.
Acute Mania, ...	0	1	1
Alcoholism, ...	2	0	2
Confusional Insanity, ...	1	1	2
Dementia Præcox, ...	2	0	2
Epilepsy, ...	2	1	3
Erysipelas, ...	1	0	1
General Paralysis of Insane, ...	5	0	5
Hypochondria, ...	1	2	3
Hysteria, ...	0	4	4
Manic Depressive Insanity, ...	2	0	2
Meningitis, ...	2	0	2
Mental Deficiency, ...	6	2	8
Neurasthenia, ...	1	2	3
Paranoid Dementia, ...	5	0	5
Puerperal Insanity, ...	0	1	1
Senile Dementia, ...	7	13	20
State of Mental Depression, ...	11	6	17
State of Mental Excitement, ...	3	3	6
	51	36	87

ARTIFICIAL SUNLIGHT DEPARTMENT.

Treatments given throughout the year were as follows:—

	Carbon. Arc.	Mercury. Vapour.	Radiant. Heat.	Total.
Hospital patients, ...	1,143	166	187	1,496
Private patients, ...	322	155	158	635
Public Assistance, ...	125	77	46	248
	1,590	398	391	2,379

REPORT ON AUCHENTORLIE HOUSE AND WOODSIDE HOUSE.

During the second week in July, 1933, the patients in Auchentorlie House were transferred to Woodside House, which had been presented to the Town Council by the late Mr. W. H. Coats. Auchentorlie House was the joint property of the Town Councils of Glasgow and Paisley and the County Council of Renfrew. Woodside House belongs solely to the Town Council of Paisley.

In accordance with the Local Authority's Administrative Schemes under the Local Government (Scotland) Act, 1929, the administration of Woodside House has been delegated to the Public Health Committee with the object of promoting, as far as possible, the co-ordination of medical services for all classes of sick persons. The Public Health Committee have appointed a special Sub-Committee for the administration of the House, consisting of the Conveners and Deputy-Conveners of the Public Health and Public Assistance Committees with the Provost and Treasurer, all for the time being. The Medical Officer of Health will be responsible to the Public Health Committee for the general administration of the House. All the clerical and financial work in connection with the House will be carried out by the Inspector of Public Assistance and his Staff. Inmates will continue to be admitted on the order of the Inspector of Public Assistance, except in cases of emergency.

Woodside House is primarily a Poor-Law Children's Home and provides 54 beds for the accommodation of sick children, healthy children, and unmarried mothers. There are two wards for children under 5 years, two dormitories for school-children, and a ward of 4 beds for unmarried mothers with labour room attached. There is also a small isolation ward and two spare rooms. The dining and play room accommodation is sufficient and the kitchen and store-rooms, etc., provide ample accommodation. A new electric lighting installation and a central heating system have been provided. Altogether, the accommodation at Woodside House is exceptionally good for the purposes of a Children's Home. The arrangements regarding the Medical and Nursing Staffs remain as at Auchentorlie House.

I have to record my most sincere thanks to Miss Farries, Matron, and her staff, who all had an exceptionally busy time in connection with the transference of the work from Auchentorlie to Woodside House, which was carried through without a hitch. Thanks are also due to Dr. W. H. Gibson, Visiting Physician, for his work during the year, and for his ever-willing co-operation.

I subjoin several tables giving the principal statistics for 1933. It is hoped in future reports to publish fuller particulars regarding

the cases on the sick list. I am indebted for these tables to the Inspector of Public Assistance and his staff.

STATISTICS FOR THE YEAR, 1933.

	W.	B.	G.	Total
Auchentorlie House:				
Resident at 31st Dec., 1932, ...	8	31	29	68
Admitted during year, ...	16	73	70	159
Woodside House:				
Admitted during year, ...	19	69	75	163
Total chargeable during year, ...	43	173	174	390
Auchentorlie House:				
	W.	B.	G.	Total
Left and otherwise re-moved, ...	16	74	72	162
Died, ...	—	7	10	17
Woodside House:				
Left and otherwise re-moved, ...	16	57	60	133
Died, ...	—	5	6	11
	32	143	148	323
Resident at 31st Dec., 1933, ...	11	30	26	67

The highest number of patients resident was 74, the lowest number 48, and the average daily number throughout the year was 59.

SICK LIST.

	W.	B.	G.	Total
Auchentorlie House:				
On Sick List at 31st Dec., 1932, ...	7	25	22	54
Admitted during year, ...	16	48	50	114
Woodside House:				
Admitted during year, ...	16	55	60	131
Total treated during year, ...	39	128	132	299
Auchentorlie House:				
	W.	B.	G.	Total
Discharged—				
Cured, ...	10	40	38	88
Improved, ...	—	3	5	8
Left and otherwise re-moved, ...	5	8	9	22
Died, ...	—	6	10	16
Woodside House:				
Discharged—				
Cured, ...	8	29	27	64
Improved, ...	—	2	—	2
Left and otherwise re-moved, ...	7	11	17	35
Died, ...	—	6	6	12
	30	105	112	247
On Sick List at 31st Dec., 1933, ...	9	23	20	52

Classified according to Authority responsible for maintenance, the total sick treated can be divided as follows:—

		W.	B.	G.	Total
TOWN COUNCIL OF PAISLEY:		15	23	33	71
(a) Public Assistance Dept.	Auchentorlie Hs.,	6	20	23	49
	Woodside Hs., ...	6	35	31	72
(b) Maternity & Child Welfare Dpt.	Auchentorlie Hs.,	6	35	32	73
	Woodside Hs., ...	2	6	4	12
COUNTY OF RENFREW:		4	9	9	22
Public Assistance Dept., ...	Auchentorlie Hs.,	4	9	9	22
	Woodside Hs., ...	39	128	132	299
Total, ...					

Births.

Last year there were 10 children born in Auchentorlie House and 9 in Woodside House. Since the opening of Auchentorlie House on 15th December, 1910, there have been 726 births, to which have to be added 9 births in Woodside House during 1933.

Education and Training.

All fit children of school age are sent to neighbouring public schools. Three are attending the Special Classes School, and one the Occupation Centre for special training.

DEATHS.

The number of deaths throughout the year was 28, as compared with 42 during 1932. 21 deaths occurred in infants under 1 year. The subjoined table gives the causes of death:—

Auchentorlie House.

Age.	Cause of Death.
11 weeks.	Congenital debility.
6 weeks.	Congenital debility.
4 months.	Congenital debility and Enteritis.
4 months.	Congenital debility, Enteritis Convulsions.
2 months.	Birth debility.
3 months.	Marasmus.
4 months.	Marasmus.
4 months.	Pneumonia.
5 months.	Pneumonia.
6 months.	Pneumonia.
8 months.	Pneumonia.
9 months.	Pneumonia.
10 months.	Pneumonia and Whooping Cough.
3 months.	Enteritis and Convulsions.
15 months.	Tabes Mesenterica.
3 years.	Tabes Mesenterica.

Woodside House.

Age.

Cause of Death.

3 years.	Marasmas and Imbecility.
1 year.	Gastro-enteritis and Bronchitis.
2 years.	Pneumonia.
3 years.	Acute enteritis.
7 years.	Acute Nephritis, Broncho-pneumonia
3 months.	Marasmus.
3 months.	Marasmus—Enteritis.
3 months.	Acute Enteritis.
3 months.	Paralysis of Æsophagus.
4 months.	Gastro-Enteritis.
7 months.	Broncho-pneumonia—Enteritis
9 months.	Acute Enteritis.

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1933.
Total number of Births (corrected), ...	1543
Number of Illegitimate Births (corrected), ...	70
" Births in 1-roomed houses, ...	175
" Births in 2-roomed houses, ...	507
" Births in 3- or more roomed houses, ...	143
" Births in 1-roomed houses where the parents were lodgers, ...	3
" Births in 2-roomed houses where the parents were lodgers, ...	78
" Births in 3-roomed houses where the parents were lodgers, ...	45
" Births in Barshaw Hospital, ...	543
" Births in Other Institutions, ...	31
" Births in Caravans, ...	3
" Premature Births, ...	62
" Infants "breast-fed" at first visit, ...	1180
" Infants "bottle-fed" at first visit, ...	192
" Infants partly breast and partly bottle-fed at first visit, ...	40

STILL-BIRTHS DURING 1933—Total 75.

Probable Causes in 65 Cases.

Accidental Hæmorrhage, ...	7	Placenta Prævia, ...	1
Albuminuria, ...	13	Prematurity, ...	11
Congenital Defects, ...	8	Prolapsed Cord, ...	1
Contracted Pelvis, ...	1	Protracted Labour, ...	1
Instrumental Delivery, ...	9	Twin Pregnancy, ...	2
Malpresentation, ...	8	Cause Unknown, ...	2
Intra uterine death of fœtus, ...	1		

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1933.
Number of Sessions, ...	150
Number of expectant mothers attending, ...	940
Total Attendances, ...	3599
Number of First Attendances, ...	832
Average Attendance per Session, ...	24
Sources from which Cases were drawn:—	
1. Recommended by midwives, ...	168
2. Referred from doctors, ...	55
3. Unrecommended, ...	587

Classification of Conditions:—

Albuminuria, ...	92	Missed abortion, ...	1
Anæmia, ...	6	Multiple Pregnancy,... ..	2
Bronchial Catarrh, ...	26	Normal Pregnancy, ...	344
Contracted Pelvis, ...	41	Not Pregnant, ...	5
Dental Caries, ...	26	Ovarian Cyst, ...	1
Debility, ...	20	Pyelitis, ...	5
Digestive disturbances, ...	62	Previous Miscarriages	
Doubtful pregnancy,... ..	12	and Still-births, ...	7
Gynæcological conditions, ...	6	Threatened Abortion or	
Hydramnios, ...	1	Miscarriage, ...	7
In labour, ...	2	Tuberculosis, ...	2
Malpresentation, ...	8	Venereal disease, ...	7
Varicose veins, ...	11	Vaginal discharge —	
Minor Ailments, ...	231	non-venereal, ...	15

125 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

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THE RUSSELL INSTITUTE.**CLINICS FOR MOTHERS AND CHILDREN.**

1933.

Number of sessions, ...	...	...	...	...	354
„ new patients attending, ...	...	...	...	...	1038
„ old patients re-attending, ...	...	...	...	...	13.71
Total attendances, ...	...	...	...	...	11,230
Average attendance per session, ...	...	...	...	...	31.72
Number of infants under 1 year attending, ...	...	...	...	...	933
„ children, 1-5 years, attending, ...	...	...	...	...	1476
„ illegitimate children attending, ...	...	...	...	...	—

Methods of feeding of infants at first visit—

1. Breast, ...	...	...	...	...	390
2. Bottle, ...	...	...	...	...	253
3. Breast and bottle, ...	...	...	...	...	33
Children attending once only, ...	...	...	...	...	217
Children referred to Hospitals, ...	...	...	...	...	196
Number of nursing mothers attending, ...	...	...	...	...	486
Total attendances of nursing mothers, ...	...	...	...	...	2184

CLASSIFICATION OF CASES ACCORDING TO DISEASE.**A—Children—**

Adenitis, ...	23	Infectious diseases, ...	45
Congenital Defects, ...	9	Injury, ...	5
Debility, ...	380	Intestinal Parasites,... ..	39
Dental Caries, ...	142	Phimosis, ...	85
Diseases of the skin,... ..	188	Prematurity and Birth	
Ear Affections, ...	44	Debility, ...	12
Throat & Nose Disorders, ...	89	Respiratory conditions, ...	262
Eye Conditions, ...	34	Rickets, ...	41
Engorged breasts, ...	12	Surgical Conditions (ex-	
Gastro intestinal disorders, ...	356	cluding Throat & Nose),... ..	48
Genito urinary disorders, ...	15	Tuberculosis, ...	1
Icterus neonatorum,... ..	6	Umbilical conditions, ...	18
Stomatitis, ...	12	Venereal disease, ...	1
		Healthy children, ...	588

B—Nursing Mothers—

Agalactia, ...	61	Digestive disorders, ...	5
Albuminuria, ...	1	Healthy, ...	257
Anæmia, ...	2	Mastitis, ...	2
Cracked nipples, ...	2	Minor ailments, ...	55
Debility, ...	74	Respiratory conditions, ...	9
Dental Caries, ...	8	Rheumatism, ...	2
		Skin conditions, ...	8

SUMMARY OF WORK AT DENTAL CLINIC.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.
Total attendances, ...	1,040	867	1,128	1,223	1,200	947	694
Extractions, ...	601	683	876	856	919	645	488
Dressings, fillings, etc.,	661	449	486	458	427	252	188
Number of new patients attending, ...	354	333	433	453	470	365	301

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.**EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1933.****General Report on the Working of the Act.**

Total number of Midwives on roll, ... 20

Number of Midwives holding C.M.B Certificate, ... 10

The Assistant Medical Officer (M. & C. W.) paid 40 domiciliary visits to Midwives throughout the year. and also had 26 personal interviews at the Public Health Office; she reports that, in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 19, as compared with 51 during the previous year; this is the lowest incidence for at least thirteen years. Of these, 13 occurred in the practice of midwives, 17 less than during the previous year. In 17 cases, smears were taken for bacteriological examination. of which 13 were in the practice of midwives. 7 cases were found to be due to a gonococcal infection of which 1 was in the practice of a midwife; 10 cases were negative. In the remaining 2 cases, no smear could be obtained owing to the absence of any discharge. 106 domiciliary visits were paid to these cases by the Assistant Medical Officer and the Health Visitors. 2 serious cases were referred as out-patients for expert treatment at the local Eye Infirmary, but it was not necessary to admit any cases to the Infectious Diseases Hospital. No impairment of vision resulted in any case.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Births in Area.

Total number of births during 1933, ... 1,621

Total number of deaths of new-born children
(within 10 days) during 1933, ... 50

Actual number of births attended by midwives during 1933, ...	569
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1933, ...	11
Actual number of cases not attended by a doctor or midwife during 1933—	
Births, ...	1
Deaths, ...	0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1933, ...	19
Actual number of cases occurring in the practice of midwives during 1933, ...	13
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1933, ...	0

Cases of Puerperal Sepsis.

Total number of cases during 1933, ...	9
Total number of deaths during 1933, ...	2
Actual number of cases occurring in the practice of midwives during 1933, ...	3
Actual number of deaths occurring in the practice of midwives during 1933, ...	1
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1933—	
Cases, ...	0
Deaths, ...	0

Cases of Puerperal Pyrexia.

Total number of cases during 1933, ...	29
Total number of deaths during 1933, ...	3
Actual number of cases occurring in the practice of midwives during 1933, ...	5
Actual number of deaths occurring in the practice of midwives during 1933, ...	2
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1933—	
Cases, ...	0
Deaths, ...	0

Cases of Still-Birth.

Total number of cases during 1933, ...	75
Actual number of cases occurring in the practice of midwives during 1933, ...	20

Cases of Emergency.

Number of cases in which medical practitioners were called in under Section 22 of the Act,...	132
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BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for Year Ending 31st December, 1933.

MATERNITY WARDS.

Number of admissions during 1933, ...	669
Ante-Natal, ...	194
Natal, ...	443
Post-Natal, ...	2
Abortions and Miscarriages, ...	30

Average daily number of patients in residence :—

January, ...	25.09	} 24.59
February, ...	22.4	
March, ...	26.3	
April, ...	23.63	} 25.89
May, ...	27.5	
June, ...	26.56	
July, ...	24.45	} 26.2
August, ...	26.86	
September, ...	27.3	
October, ...	26.19	} 27.06
November, ...	27.8	
December, ...	27.2	

Source of cases admitted :—

From Ante-natal Clinic at Russell Institute, ...	454
From medical practitioners—	214
Emergency cases, ...	112
Booked cases, ...	102
Emergency (not booked by Clinic or Doctor),	1
Total, ...	669

Ante-natal Clinic at Barshaw Hospital (for Doctors' cases only).

Number of patients sent by doctors (for consultation only),	...	...	...	...	2
Number of patients sent by doctors (for future confinement)	...	...	...	...	102
Number of consultations with these booked cases,	...	...	...	...	718
Total number of consultations,	...	...	...	...	720

Number of consultants' visits to Hospital,	...	...	...	...	54
Major operations (abdominal),	...	...	...	...	19
Minor operations,	...	...	...	...	13
Consultations,	...	...	...	...	87

Receipts from patients during the year 1933, £1,224 4s. 5d.

ANTE-NATAL WARDS.

Number of cases treated,	...	...	...	...	194
Number of maternal deaths,	...	...	...	...	1
Number of patients dismissed undelivered,	...	...	...	...	102
Number of patients delivered before dismissal,	...	...	...	...	92
Number of still-births,	...	...	...	...	10
Maternal mortality rate for patients treated in Ante-natal Ward (1 death),	...	...	...	...	0.515%
Number of cases of maternal morbidity (B.M.A. Standard), in patients delivered from Ante-natal Ward,	...	...	...	...	3
(a) Number of cases with genital causes,	...	...	...	...	1
(b) Number of cases with extra-genital causes,	...	...	...	...	2
Maternal morbidity rate for cases delivered (3 cases in 92 deliveries),	...	...	...	...	3.28%
Maternal morbidity rate for cases with genital causes,	...	...	...	...	1.08%
Maternal morbidity rate for cases with extra-genital causes,	...	...	...	...	2.17%
Still-birth rate for cases delivered (10 still-births),	...	...	...	...	10.8%
Neo-natal death rate for cases delivered (death of infant before 8th day—4 deaths),	...	...	...	...	4.3%

Ante-Natal Complications Treated in Hospital.

Accidental hæmorrhage,	...	...	...	3
Albuminuria,	...	...	...	28
Anæmia,	...	...	...	1
Breech presentation,	...	...	...	15
Cardiac disease,	...	...	...	5
Cystitis, ...	...	...	...	1
Contracted pelvis.	...	...	...	14
Cervical erosion,	...	...	...	1
Cervical prolapse,	...	...	...	1
Debility, ...	...	...	...	8
Eclampsia—threatened,	...	...	...	3
False Labour,	...	...	...	60
For observation and examination,	...	...	...	15
Hydramnios,	...	...	...	2
Hyperemesis,	...	...	...	6
Hyperthyroidism,	...	...	...	1
Nephritis,	...	...	...	2
Oedema,	...	...	...	3
Operation,	...	...	...	2
Pyelitis,	...	...	...	19
Varicose Veins, ...	...	...	...	2
Venereal disease,	...	...	...	2
Total,				194

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Accidental Hæmorrhage No. 192.	Hæmorrhage arrested. Dismissed well before delivery, ...	1
Nos. 258 and 579.	Slight hæmorrhage in last month followed by normal premature delivery; N.P., ...	2
Albuminuria.	Cleared and improved. Dismissed before delivery, ...	7
	Improved; later normal full-term delivery; child alive; N.P., ...	5
	Improved; later normal premature delivery; child alive; N.P., ...	3
No. 383.	Improved; later normal premature delivery; child still-born; N.P., ...	1
No. 500.	Slightly improved; pelvis contracted; child dead before labour began; premature delivery; child still-born; N.P., ...	1
No. 32.	Improved; normal delivery of twins—premature; children alive; N.P., ...	1
No. 156.	Improved; normal full-term delivery of twins; both alive; N.P., ...	1
No. 492.	Improved; medical induction followed by normal full-term delivery; child alive; N.P., ...	1
No. 473.	Improved; normal delivery followed by sudden rise of blood pressure immediately after delivery; gradual return to normal; child alive; N.P., ...	1
No. 62.	Improved; later accidental hæmorrhage and normal full-term delivery; child alive; N.P., ...	1
Nos. 16 and 50.	Improved; later low forceps delivery on account of prolonged 2nd stage; child alive; N.P., ...	2
No. 60.	Improved; later low forceps delivery for delayed 2nd stage; child still-born; N.P., ...	1
No. 166.	Improved; later low forceps delivery for contracted outlet and delayed 2nd stage; child alive. N.P., ...	1
No. 512.	Improved; later delayed 2nd stage; low forceps delivery; some P.P.H.; child alive; N.P., ...	1
No. 423.	Improved; later foetal distress and forceps delivery on account of cardiac condition and high blood pressure; child still-born; N.P., ...	1
Anæmia (Hæmolytic anæmia of pregnancy). No. 639.	Admitted at 8th month; extreme anæmia; persistent vomiting; later normal full-term delivery; child alive (delivery 1934); puerperium febrile; notified 1934 (P.P. also B.M.A. standard); transferred to general hospital with profound anæmia, ...	1
Breech presenta- tion.	External version performed before full-term; dismissed before delivery, ...	12

Ante-natal treatment.—Contd.

Condition.	Result.	No.
	Admitted for version; spontaneous version occurred; dismissed before delivery, ...	2
No. 531.	Elderly primipara; admitted at full term; slightly contracted pelvis; breech with extended legs; version twice unsuccessful; later premature rupture of membranes; no pains; delivered by Cæsarean Section (classical) and sterilised; child alive; N.P., ...	1
Cardiac Disease.	Mitral regurgitation; dismissed much improved; undelivered, ...	1
No. 4.		
No. 472.	Cardiac irregularity and asthma; improved; dismissed before delivery, ...	1
No. 74.	Rheumatic carditis; later normal full-term delivery; child alive; N.P., ...	1
No. 21.	Cardiac irregularity; later low forceps delivery; child alive; N.P., ...	1
No. 524.	Mitral regurgitation; improved; later normal full-term delivery with CHCl ₃ in 2nd stage; placenta manually removed; some P.P.H.; child alive; N.P., ...	1
Cystitis.	Dismissed improved, ...	1
Contracted pelvis.	Normal full-term delivery; child alive; N.P., ...	1
No. 351.		
No. 241.	Normal full-term delivery of twins; children alive; N.P., ...	1
No. 469.	Normal full-term delivery with CHCl ₃ in 2nd stage; child alive; N.P., ...	1
	Later Cæsarean Section at full-term or in labour; child alive; N.P., ...	10
No. 554.	Slow dilatation; rigid cervix; forceps delivery; obstetric shock; gradual recovery; child still-born; phlebitis in puerperium, ...	1
Cervical erosion.	Vaginal bleeding; adenomatous cervical polypus present; improved, ...	1
No. 54.		
Cervical prolapse.	Dismissed improved before delivery, ...	1
No. 665.		
Debility.	Dismissed improved before delivery, ...	4
	Improved; later normal full-term delivery; child alive; N.P., ...	3
No. 580.	Varicose veins of vulva; later normal full-term delivery; slight P.P.H.; child alive; N.P., ...	1
Eclampsia.	Pre-eclampsia at full-term; improved; later normal full-term delivery; child alive; N.P.,	1
No. 120.		
No. 176.	Pre-eclampsia at eight months; improved slightly; normal premature delivery; child alive; albuminuria and high blood pressure persisted in puerperium; dismissed irregularly, ...	1
No. 538.	Threatened eclampsia; went into premature labour at seven months; manual delivery of breech with extended arms and legs; child alive; died on 1st day; N.P., ...	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
False Labour.	Pains ceased; dismissed well; undelivered, ...	42
	Later normal full-term delivery; child alive; N.P., ...	12
No. 553.	Later normal full-term delivery; child alive; occasional pyrexia in puerperium due to obstinate constipation, ...	1
No. 49.	Later normal delivery of breech; footling with prolapsed cord; child alive; N.P., ...	1
No. 213.	Later normal delivery; full-term CHCl ₃ for birth of the head; child alive; puerperium febrile; P.P. also B.M.A. standard; due to pyelitis, ...	1
No. 1.	Later low forceps delivery; contracted outlet; child alive; N.P., ...	1
No. 411.	Later delayed 1st stage; collapse before delivery; delivery by forceps difficult on account of large size of child; spinal anæsthesia (stovaine); placenta removed manually; child still-born; N.P., ...	1
No. 520.	Later delayed 1st stage; rigid cervix; forceps delivery; cervix repaired; placenta manually removed; child still-born; puerperium febrile; P.P. also B.M.A. standard; sapræmia; good recovery, ...	1
For Observation and Examination.	Found satisfactory; dismissed well before delivery, ...	5
	Tuberculosis of lungs; dismissed at own request; undelivered, ...	1
Nos. 273 and 240.	Satisfactory; later normal full-term delivery; child alive; N.P., ...	2
Nos. 268 and 318.	Satisfactory; later normal full-term labour after induction; child alive; N.P., ...	2
No. 266.	Satisfactory; later normal full-term delivery of breech; child alive; N.P., ...	1
No. 304.	Manual delivery with CHCl ₃ ; suspected monster; child hydrocephalic with spina bifida and double talipes; still-born; N.P., ...	1
No. 317.	Admitted to the Ante-natal for version; later manual delivery under CHCl ₃ of breech; footling; child was anencephalic with meningocele and spina bifida; died in 3 days; N.P., ...	1
No. 100.	Later low forceps delivery for delayed 2nd stage; child alive; N.P., ...	1
No. 336.	Admitted with history of fits in last month of pregnancy; became semi-conscious; labour induced; normal full-term; child alive; never regained consciousness after delivery; died on 5th day of puerperium; hypostatic pneumonia and cardiac failure; at post-mortem was found to have cerebral tumour, ...	1
Hydramnios	Later normal delivery of premature anencephalic fœtus; face presentation; child still-born; N.P., ...	1
No. 130.		

Ante-natal treatment.—Contd.

Condition.	Result.	No.
No. 145.	Later delivered of triplets; two breech and one vertex; premature; all alive; N.P., ...	1
Hyperemesis.	Improved; dismissed well, ...	3
No. 272.	No change; dismissed irregularly, ...	1
No. 29.	Hyperemesis and myxœdema; dismissed improved, ...	1
No. 461.	Extremely ill on admission; profound toxæmia; later on day of admission vaginal hysterotomy performed; good recovery; dismissed well, ...	1
Hyperthyroidism.	Later normal full-term delivery; child alive; N.P., ...	1
No. 79.	Chronic nephritis and high blood pressure; dismissed improved, ...	2
Nephritis		
Nos. 68 and 137.		
Œdema.	Incontinence of urine and œdema of labium; dismissed improved, ...	1
No. 173.	Associated with albuminuria; later normal full-term delivery; child alive; N.P., ...	2
Nos. 69 and 277.		
Operation.	Ventral hernia following infection of old Cæsareau scar; hernia repaired; dismissed well; undelivered, ...	1
No. 501.		
No. 27.	Right ovarian cyst impacted below pelvic brim; removed by abdominal operation; dismissed well; undelivered, ...	1
Pyelitis.	Dismissed improved before delivery, ...	8
No. 395.	Contracted pelvis; dismissed undelivered, ...	1
	Improved; later normal full-term delivery; child alive (1 in 1934), N.P., ...	4
Nos. 6 and 142.	Later normal full-term delivery with CHCl ₃ in 2nd stage; child alive; N.P., ...	2
No. 263.	No improvement; premature labour; 6/12 induced by rupture of membranes; later perforation of head and manual delivery; N.P.,	1
No. 526.	Not improved; later normal premature labour; child alive; on 3rd day of puerperium developed right hemiplegia. Transferred to general hospital, ...	1
No. 206.	No improvement; later abdominal hysterotomy and sterilisation; dismissed well, ...	1
No. 457.	Improved; later delivered of post-mature hydrocephalic monster after induction of labour by rupture of membranes; child still-born; N.P.,	1
Varicose Veins.	Varicose veins of vulva; improved, ...	1
No. 445.		
No. 440.	Varicose veins of legs and varicose ulcer; dismissed improved, ...	1
Venereal Disease.	Persistent vomiting; vaginal discharge; positive for gonococcus. To special clinic, ...	1
No. 444.		
No. 97.	Gonococcal cervicitis and vulvitis; referred to special clinic, ...	1
Total, ...		194

ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Threatened on Admission.	Arrested; dismissed well, ...	5
	Became inevitable; completed naturally; N.P.,	1
Inevitable on Admission.	Later incomplete; completed by curettage; N.P.,	2
	Completed naturally; N.P., ...	5
No. 370.	Ante-partum hæmorrhage from central placenta prævia; placenta manually removed; later foetus; six months; delivered by traction on shoulder; N.P., ...	1
Incomplete on Admission.	Completed by curettage; N.P., ...	12
No. 114.	Severe hæmorrhage and shock on admission; no curettage; died 9½ hours after admission; no response to treatment, ...	1
Missed abortion.	Insertion of sea tangle tents; completed	
No. 620.	naturally (1934); N.P., ...	1
No. 191.	Insertion of sea tangle tents; completed by curettage; N.P., ...	1
Miscarried during treatment for other condition.	Albuminuria; later complete miscarriage; N.P.,	1
No. 539.		
Total, ...		30
Maternal deaths after abortion or miscarriage,	... ..	1
Puerperal septicæmia after abortion,	... ..	0
Puerperal morbidity after abortion,	... ..	0
Number of notifiable pyrexias following abortion or miscarriage,	... ..	0

NATAL CASES.

Total number of deliveries,	... ..	534
Full-term,	... ..	464
Premature (including 4 cases of twins and 1 of triplets),	... ..	68
Abdominal Section and non-viable child,	... ..	1
Vaginal Hysterotomy and non-viable child,	... ..	1
Number of abnormal deliveries,	... ..	100
Forceps (51),	... ..	51%
Cæsarean Section (15),	... ..	15%
Craniotomy (4),	... ..	4%
Death rate for abnormal deliveries,	... ..	0

ABNORMAL DELIVERIES.

Causes :—

Abnormal 3rd stage in spontaneous delivery of child,	...	10
Accidental hæmorrhage, ...	...	5
Breech presentation, ...	...	11
Brow presentation, ...	...	2
Cardiac disease, ...	...	2
Contracted pelvis, ...	...	21
Hydrocephalus, ...	...	2
Hyperemesis gravidarum, ...	...	1
Occipito—posterior position, ...	...	4
Parietal presentation, ...	...	1
Placenta Prævia, ...	...	1
Pyelitis, ...	...	2
Shoulder presentation, ...	...	1
Protracted dilatation requiring forceps delivery, ...	...	5
Protracted 2nd stage requiring forceps delivery, ...	...	30
Transverse Presentation, ...	...	1
Twins—abnormal delivery of one or both, ...	...	1
Total, ...		100

DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Abnormal 3rd stage delivery of child.	Normal full-term delivery of living child; manual removal of part of membranes; N.P.,	4
No. 245.	Normal full-term delivery of living child; retained placenta manually removed; puerperium febrile; notified P.P.; dismissed irregularly, ...	1
No. 524.	Ante-natal; mitral regurgitation; later normal delivery with CHCl ₃ for birth of head; placenta retained and manually removed; moderate P.P.H.; child alive; N.P., ...	1
	Normal full-term delivery of living child; post-partum hæmorrhage; N.P., ...	3
No. 115.	Premature delivery of living child; slight ante-partum hæmorrhage; N.P., ...	1
Accidental Hæmorrhage.	Admitted in labour with accidental hæmorrhage; normal premature birth; child still-born; N.P., ...	1
No. 403.		
No. 119.	Admitted in labour with accidental hæmorrhage; high blood pressure; normal premature delivery after artificial rupture of membranes; child still-born; N.P., ...	1
No. 668.	Admitted very collapsed with concealed accidental hæmorrhage; normal premature delivery after artificial rupture of membranes; child still-born; N.P., ...	1
No. 597.	Admitted with profuse hæmorrhage; vagina packed; later internal version performed and fœtus (premature 6/12) delivered as breech; N.P., ...	1
No. 510.	Slight hæmorrhage and slight degree of contracted pelvis; in labour; trial labour; foetal distress; later Cæsarean Section (lower uterine); child alive; N.P., ...	1
Breech presentation.	Normal delivery of breech in primipara with CHCl ₃ for birth of head, one full-time, one premature; N.P., ...	2
Nos. 280 and 471.		
No. 61.	Manual delivery with CHCl ₃ in a primipara; episiotomy; child alive and premature; N.P.,	1
No. 51.	Hand and foot presentation in macerated fœtus; manual delivery of premature macerated infant by traction on legs; N.P., ...	1
No. 477.	Manual delivery with CHCl ₃ in a primipara; extended legs; child alive and premature; N.P., ...	1
No. 515.	Manual delivery of breech with extended legs in multipara; CHCl ₃ ; child alive and premature; died in 5 hours; N.P., ...	1
No. 367.	Contracted pelvis; manual delivery of breech with extended arms in a primipara with CHCl ₃ ; membranes retained and removed; episiotomy performed; child still-born; N.P.,	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 591.	Manual delivery of frank breech with extended arms and legs; CHCl ₃ ; child alive; N.P., ...	1
No. 575.	Manual delivery of primiparous breech with extended arms and legs; child premature and still-born; N.P., ...	1
No. 538.	Ante-Natal albuminuria and threatened eclampsia; manual delivery of breech (in primipara) with extended arms and legs; CHCl ₃ given; child premature and alive but died in a few hours; N.P., ...	1
No. 317.	Admitted for version; primiparous breech; monster suspected; version not attempted; manual delivery under CHCl ₃ of premature infant with meningocele and spinal bifida; died after one week; N.P., ...	1
Brow presentation. No. 19.	Obstructed labour; failed forceps at home; converted to vertex and extracted with forceps; child alive; N.P., ...	1
No. 474.	Delayed 2nd stage; forceps delivery; some P.P.H.; child still-born; N.P., ...	1
Cardiac disease. No. 423.	Ante-natal albuminuria, high blood pressure and hæmic murmur at base; forceps delivery on account of foetal distress; child still-born; N.P., ...	1
No. 21.	Ante-natal cardiac irregularity; low forceps delivery; child alive and mature; N.P., ...	1
Contracted pelvis.	Classical Cæsarean Section and sterilisation at full-term; child alive; N.P., ...	9
No. 531.	Slight contracted pelvis; primiparous breech with extended legs; version twice unsuccessful; premature rupture of membranes; Classical Cæsarean Section and sterilisation; child alive; N.P. (patient elderly), ...	1
Nos. 576, 587, and 605.	Cæsarean Section (lower uterine segment operation); early in labour; child alive; N.P., ...	3
No. 454.	Cæsarean Section (lower uterine segment operation); early in labour; child alive; puerperium febrile (P.P. and B.M.A.); slight sapræmia, ...	1
Nos. 1 and 561.	Low forceps delivery; contraction at outlet; child alive; N.P., ...	2
No. 10.	Low forceps delivery; child alive; puerperium febrile (P.P. and B.M.A.) due to salpingitis, ...	1
No. 570.	Low forceps delivery; child alive; puerperium afebrile but patient isolated because of purulent lochia, ...	1
No. 25.	"Failed forceps" at home; forceps delivery; child alive; puerperium slightly febrile from mild sepsis of vagina and vulva (B.M.A. Standard), ...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 554.	In Ante-Natal for observation; slow dilatation; rigid cervix forceps delivery; episiotomy and repair of cervix; obstetric shock and gradual recovery; child still-born; patient primipara of 40; phlebitis in puerperium; afebrile, ...	1
No. 34.	Obstructed labour; "failed forceps" outside; forceps in hospital unsuccessful; craniotomy performed; child still-born; N.P., ...	1
Hydrocephalus.	Obstructed labour; craniotomy performed; N.P., ...	1
No. 55.	...	1
No. 585.	Obstructed labour; perforation of head and delivery with forceps; tear into left broad ligament; packing inserted; recovery good; N.P., ...	1
Hyperemesis gravidarum.	Hyperemesis gravidarum; profound toxæmia on admission; pregnancy terminated on day of admission by vaginal hysterotomy (at 3 months), ...	1
No. 461.	...	1
Occipito — Posterior Position.	Persistent occipito-posterior; forceps delivery; child alive; N.P., ...	2
Nos. 344 and 434.	...	
No. 583.	Contraction at outlet; forceps delivery; child alive; N.P., ...	1
No. 628.	Delayed 1st stage due to rigid cervix; persistent occipito-posterior; cervix incised, head rotated and forceps applied; cervix repaired; child alive; patient febrile before delivery; puerperium febrile; transferred to Fever Hospital on 10th day with puerperal fever, ...	1
Parietal presentation.	Protracted labour; more than 2 days at home. On admission impending rupture of uterus; forceps unsuccessful; craniotomy performed; placenta manually removed; puerperium febrile (notified P.P. also B.M.A.); recovery good, ...	1
No. 421.	...	1
Placenta Prævia.	Lateral placenta prævia; admitted in labour with severe hæmorrhage; internal version performed and foot brought down; later manual delivery of breech with extended arms under CHC13; child still-born; puerperium normal apart from resulting anæmia, ...	1
No. 537.	...	1
Protracted Dilatation requiring forceps delivery.	Low forceps delivery after very protracted 1st stage; child alive; puerperium febrile; B.M.A. Standard; due to cystitis, ...	1
No. 11.	...	
No. 598.	Fœtal distress necessitated low forceps delivery; child alive; N.P., ...	1
No. 404.	Rigid cervix delayed 1st stage; low forceps delivery and repair of cervix; child still-born; puerperium febrile; notified P.P. due to pyelitis, ...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 520.	Rigid cervix; low forceps delivery; cervix repaired; placenta retained and manually removed; child still-born; some P.P.H. puerperium febrile; pyrexia notified (P.P. also B.M.A. Standard); sapræmia, ...	1
No. 411.	Admitted in false labour; later delayed 1st stage; collapse before delivery; delivery by forceps difficult; spinal anæsthesia; placenta manually removed; child still-born; N.P.; patient suffered from cardiac disease; mitral regurgitation, ...	1
Protracted 2nd Stage requiring forceps delivery.	Low forceps delivery; child alive and mature; N.P., ...	9
	Low forceps delivery; child alive and premature; N.P., ...	2
	Low forceps delivery; episiotomy; child alive and mature; N.P., ...	15
No. 547.	Low forceps delivery; episiotomy; placenta manually removed; child alive, mature; N.P., ...	1
No. 464.	Low forceps delivery; episiotomy; placenta manually removed; some P.P.H.; child alive and mature; N.P., ...	1
No. 60.	Ante-natal albuminuria; later low forceps delivery; episiotomy; child still-born; N.P., ...	1
No. 573.	Forceps delivery; episiotomy; some P.P.H.; child premature, still-born; puerperium slightly febrile due to bronchitis; not notifiable, ...	1
Pyelitis.	No improvement; later had abdominal hysterotomy and sterilisation at fifth month; good recovery, ...	1
No. 206.	No improvement; induction of premature labour; later perforation of head and delivery by traction at sixth month; dismissed well,...	1
No. 263.	No improvement; induction of premature labour; later perforation of head and delivery by traction at sixth month; dismissed well,...	1
Shoulder presentation.	Admitted in labour; CHC13 examination before admission; cord prolapsed; internal version and leg pulled down; delivery completed as breech; premature still-born child; puerperium febrile; pelvic peritonitis and cellulitis; notified puerperal fever.	1
No. 101.	Admitted in labour; CHC13 examination before admission; cord prolapsed; internal version and leg pulled down; delivery completed as breech; premature still-born child; puerperium febrile; pelvic peritonitis and cellulitis; notified puerperal fever.	1
Twins—abnormal delivery of one or both.	Debility; marked uterine inertia; first delivered by fundal pressure; second by forceps; both alive and premature; N.P., ...	1
No. 278.	Debility; marked uterine inertia; first delivered by fundal pressure; second by forceps; both alive and premature; N.P., ...	1
Transverso presentation.	Internal version to footling; breech delivered manually under CHC13 anæsthesia; child alive and premature, but died on 1st day; N.P., ...	1
No. 248.	Internal version to footling; breech delivered manually under CHC13 anæsthesia; child alive and premature, but died on 1st day; N.P., ...	1
Total, ...		100

Pre-eclampsia in mother, ...	1
Hydrocephalus, ...	4
Kidney Disease in mother, ...	5
Normal delivery—no cause found, ...	2
Prolapsed Cord, ...	1
Placenta Prævia in mother, ...	1
Premature infants delivered by breech, ...	3
Premature infants delivered normally, ...	2

Total, ... 35

Number of Deaths of Infants under 8 days (neo-natal deaths), ... 18

Causes :—

Ante-partum Hæmorrhage in mother, ...	2
Albuminuria and pre-eclampsia in mother, ...	1
Congenital debility, ...	3
Convulsions, ...	2
Prematurity, ...	10

Total, ... 18

Still-birth rate for total number of children born
(35 still-births in 541 births), ... 6.4%

Neo-Natal death rate for total number of children born
(18 deaths in 506 live births), ... 3.5%

Maternal mortality rate for total number of admissions
(2 deaths at Barshaw in 669 cases). 0.298%

Maternal mortality rate per 1,000 live births (3 deaths
in 506 live births. This figure includes 2
deaths at Barshaw and one death after re-
moval to Isolation Hospital, ... 5.92%

Maternal morbidity rate for total number of deliveries
(8 pyrexias in 534 deliveries), ... 1.5%

Maternal morbidity rate for normal deliveries (5
pyrexias in 434 deliveries), ... 1.15%

Maternal morbidity rate for normal deliveries from
genital causes only (2 pyrexias). 0.45%

Maternal morbidity rate for abnormal deliveries (3
pyrexias in 100 deliveries) 3%

Maternal morbidity rate for abnormal deliveries
from genital causes only (2 pyrexias), ... 2%

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard)—temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever, ...	3
Number of cases of puerperal morbidity (B.M.A. standard), ...	8
Number of cases of puerperal morbidity after normal delivery, ...	5
Number of cases of puerperal morbidity after abnormal delivery, ...	3

Classification of causes.

(1) Extra-genital causes, ...	4
(2) Genital causes in normal deliveries, ...	2
(3) Genital causes in abnormal deliveries, ...	2

Extra-genital causes.

Acute Bronchitis, ...	1
Laryngitis, ...	1
Mastitis, ...	1
Pyelitis, ...	1
Total, ...	4

Genital Causes in normal deliveries.

Sapraemia—mild, ...	2
Total, ...	2

Genital causes in abnormal deliveries.

Mild Sapraemia, ...	1
Sapraemia following prolonged first stage, repair of cervix, manual removal of placenta and P.P.H., ...	1
Total, ...	2

Number of cases of puerperal morbidity which were notifiable as Puerperal Pyrexia, ...	7
Number of cases of puerperal morbidity which were not notifiable, ...	1

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN NORMAL DELIVERIES.

No. 209.	Admitted in labour; normal full-term delivery; notifiable pyrexia began on 4th day; mild sapraemia; dismissed well on 27th day, ...	1
No. 648.	Admitted in labour; normal premature delivery; notifiable pyrexia began on 1st day from septic absorption from perineal stitches; dismissed well on 22nd day, ...	1
Total, ...		2

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN ABNORMAL DELIVERIES.

No. 454.	Admitted in labour; slightly generally contracted pelvis; later required Cæsarean Section (lower uterine); notifiable pyrexia began on 2nd day from mild sapraemia; dismissed well on 24th day; pyrexia lasted 4 days, ...	1
No. 520.	Admitted in false labour; later rigid cervix delayed 1st stage; forceps delivery; cervix repaired; some P.P.H.; placenta retained and manually removed; notifiable pyrexia began on 4th day and was maintained until 14th day; mild sapraemia and pyuria; dismissed well on 39th day, ...	1
Total, ...		2

DETAILS OF CASES OF PUERPERAL FEVER.

No. 101.	Admitted in labour; had had CHCl ₃ examination and manipulation at home; on admission shoulder presentation and prolapsed cord; version performed and child delivered later as breech; febrile on admission and repeated rigors on first 4 days of puerperium; pelvic peritonitis and salpingitis; febrile until 16th day; good recovery; dismissed on 41st day, ...	1
No. 460.	Admitted in labour; normal full term delivery; sharp elevation of temperature on 3rd day of puerperium; normal temperature on 5th day; elevated again on 6th day; transferred to fever hospital on 11th day with puerperal fever (died there), ...	1
No. 628.	Admitted in labour; rigid cervix; protracted dilatation; forceps delivery; persistent occipito-posterior; febrile before delivery; pyrexia persisted until 10th day when she was transferred to Fever Hospital with puerperal fever, ...	1
Total, ...		3

PUBLIC HEALTH (PUERPERAL FEVER and PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

In these regulations, the standard of pyrexia is defined as 100.4 degrees F., continuing or recurring within 24 hours, during the first twenty-one days after delivery.

Total number of cases of puerperal pyrexia notified,...	10
Total number of cases after normal delivery, ...	6
Total number of cases after abnormal delivery, ...	4

Classification of Causes.

(1) Extra-genital causes, ...	6
(2) Genital causes in normal deliveries, ...	2
(3) Genital causes in abnormal deliveries, ...	2

Extra-genital Causes.

Acute Bronchitis, ...	1
Influenza, ...	1
Mastitis, ...	1
Phlebitis, ...	1
Pyelitis, ...	2
Total, ...	6

Genital causes in normal deliveries.

Mild Sapræmia, ...	2
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Genital causes in abnormal deliveries.

Mild Sapræmia, ...	2
--------------------	---

BRIEF DETAILS OF CASES WITH GENITAL CAUSES IN NORMAL DELIVERIES.

Nos. 209 and 648.	See particulars under Maternal Morbidity, ...	2
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BRIEF DETAILS OF CASES WITH GENITAL CAUSES IN ABNORMAL DELIVERIES.

Nos. 454 and 520.	See particulars under Maternal Morbidity, ...	2
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POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Retained Placenta. No. 409.	Forceps delivery at home; placenta delivered in hospital; perineum repaired; N.P., ...	1
Ruptured Perineum. No. 463.	Admitted 24 hours after delivery; perineum repaired; patient admitted in error; transferred to Woodside House on 6th day, ...	1
Total, ...		2

MATERNAL DEATHS AT BARSHAW HOSPITAL.

Incomplete Abortion. No. 114.	Admitted collapsed and pulseless; in spite of active treatment she did not rally and died 9½ hours after admission, ...	1
Cerebral Tumour. No. 336.	Admitted as eclampsia; urine clear; history of fits before admission; gradually became semi-conscious and later comatose; labour induced by rupture of membranes; normal full-term delivery; no improvement after delivery; consciousness never regained; later developed hypostatic pneumonia and died on 5th day of puerperium; at P.M. a gliomatous growth was found in posterior end of right cerebral hemisphere, ...	1
Total, ...		2

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

REPORT FOR THE YEAR 1933.

CHILDREN'S WARD.

Number of admissions during 1933,	...	...	...	245
Medical cases,	...	...	...	68
Surgical cases,	...	...	...	177

Source of cases :—

Recommended from Child Welfare Clinic,	...	...	155
Recommended by Doctors,	...	...	28
Transferred from Maternity Wards (on mother's dis- charge from hospital),	...	...	60
Admitted with mother,	...	...	2

Average daily number in residence :—

January,	...	...	...	12.58	} 11.11
February,	...	...	...	12.46	
March,	...	...	...	8.29	
April,	...	...	...	9.16	} 9.04
May,	...	...	...	8.67	
June,	...	...	...	9.3	
July,	...	...	...	8.9	} 7.15
August,	...	...	...	6.96	
September,	...	...	...	5.6	
October,	...	...	...	6.96	} 10.53
November,	...	...	...	11.13	
December,	...	...	...	13.5	

Average period of residence :

Medical cases,	...	...	...	18.5 days.
Surgical cases.	...	...	...	8.7 days.

Age periods of children admitted :—

Medical cases,	...	...	68	Surgical cases,	...	...	177
0-1,	...	...	68	0-1,	...	...	40
1-2,	...	...	0	1-2,	...	...	27
2-3,	...	...	0	2-3,	...	...	28
3-4,	...	...	0	3-4,	...	...	34
4-5,	...	...	0	4-5,	...	...	48

Medical cases admitted:—

Condition.				Result.	No.
Conjunctivitis—simple,	...	...	...	Dismissed well,	6
Debility,	...	...	...	Dismissed well,	2
Debility,	...	...	...	Died,	2
Debility and facial paralysis,	...	...	...	Dismissed well,	2
Debility and Spina Bifida,	...	...	...	Died,	1
Enteritis,	...	...	...	Dismissed well,	4
Feeding or observation,	...	...	...	Dismissed well,	21
Obstructive Jaundice,	...	...	...	Died,	1
Ophthalmia Neonatorum,	...	...	...	Dismissed well,	1
Pemphigus,	...	...	...	Dismissed well,	2
Prematurity,	...	...	...	Dismissed improved,	18
Prematurity,	...	...	...	Died (1 in 1934),	3
Skin condition,	...	...	...	Dismissed well,	5
Total.					68

Deaths in Medical Ward:—

Debility,	...	...	...	...	2
Debility and Spina Bifida,	...	...	...	...	1
Obstructive Jaundice,	...	...	...	...	1
Prematurity,	...	...	...	...	2

Total, ... 6

Surgical cases admitted,	...	...	...	...	177
Patients operated on,	...	...	...	148	
Patients not operated on,	...	...	...	29	
Unfit for operation,	...	...	...	21	
Operation not necessary,	...	...	...	7	
Transferred to Bridge Street Hospital,	...	...	...	1	

Total, ... 29

Deaths in Surgical Ward,

Tonsillectomy—death under anæsthetic from respiratory failure in status lymphaticus,	...	...	...	1
Spina Bifida — not operable — developed acute bronchitis,	...	...	...	1
Retropharyngeal Abscess—toxæmia and cardiac failure,	...	...	...	1

Total, ... 3

Patients (babies) transferred from Maternity Wards for operation only,	...	...	...	1
Patients (babies) transferred from Maternity Wards for observation—(died),	...	...	...	1

Total number of Surgical Operations, ... 193

Number of operations on indoor patients, ...	154
Number of operations on outdoor patients, ...	39

Conditions operated on:—

Abscesses—simple, ...	10
Abscesses—Tubercular, ...	2
Cephalhæmatoma—aspiration, ...	1
Congenital dislocation of hip—plaster, ...	3
Congenital dislocation of hip—CHCl ₃ Examination, ...	1
Hernia—inguinal, ...	12
Hernia—congenital umbilical in cord, ...	1
Hydrocele and hydrocele of cord, ...	1
Infantile Paralysis,—Plaster, ...	3
Molluscum contagiosum—removal, ...	5
Nævus—removal, ...	3
Phimosis—treated by circumcision, ...	49
Polypus—removal from ear, ...	1
Removal of extra thumb and operation for webbed fingers, ...	1
Dressings of above, ...	4
Talipes—plasters, double, ...	7
Tonsils and Adenoids, ...	87
Tuberculosis of ankle—plasters, ...	2
Total, ...	193

Number of consultations with Surgical Specialist, ...	67
Number of children transferred from hospital with infectious disease, ...	4
Erysipelas, ...	1
Pneumonia (1932 admission).	1
Scarlet Fever (one 1932 admission), ...	2

INFECTIOUS DISEASES.

1.—Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December, 1933.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.								Cases removed to Hospital.	Cases not removed to Hospital.
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10
A.—Diseases specified in the Infectious Disease (Notification) Act, 1889, and Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Typhoid or Enteric Fever, ...	3	...	...	...	1	2	...	...	3	...
Typhus Fever, ...	...	...	...	...	...	...	...	...	...	...
Smallpox, ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina, ...	982	9	274	578	78	37	6	...	840	142
Diphtheria and Membranous Croup, ...	222	5	43	134	31	8	1	...	221	1
Erysipelas, ...	64	1	2	1	7	21	24	8	29	35
Puerperal Fever, ...	9	...	...	...	1	8	...	...	7	2
Cholera, ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever, ...	...	...	...	...	...	...	...	...	...	...
Continued Fever, ...	...	...	...	...	...	...	...	...	...	...
Ophthalmia neonatorum, ...	19	19	...	...	...	...	...	...	...	19
Infective jaundice, ...	...	...	...	...	...	...	...	...	...	...
Malaria, ...	...	...	...	...	...	...	...	...	...	...
Dysentery, ...	2	...	...	1	1	...	...	...	2	...
Acute poliomyelitis, ...	...	...	...	...	...	...	...	...	...	...
Encephalitis lethargica, ...	5	...	...	...	...	2	3	...	...	5
Acute primary pneumonia, ...	391	58	107	61	33	48	45	39	238	153
Acute influenzal pneumonia, ...	23	1	1	...	2	9	5	5	9	14
Puerperal Pyrexia, ...	29	...	...	...	9	20	...	...	7	22
Plague, ...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal fever, ...	15	8	...	1	3	1	2	...	15	...
Pulmonary Tuberculosis, ...	105	...	2	4	38	36	22	3	*89	16
Non-pulmonary tuberculosis, ...	50	4	10	16	9	8	3	...	*22	28
Total, ...	1919	105	439	796	213	200	111	55	1482	437

*18 Cases notified in a previous year and removed to hospital for the first time during 1933.

B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.

Pneumonia (not otherwise notifiable), ...	68	18	42	7	1	...	...	...	56	12
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C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1889.

Measles, ...	419	6	40	370	2	...	1	...	...	419
Whooping Cough, ..	806	51	352	401	2	...	...	...	4	802
Mumps, ...	649	2	88	541	10	5	3	...	...	649
Chickenpox, ...	539	14	106	418	...	1	...	...	2	537

II.—State Name of Hospital or Hospitals in Which Cases Were Treated.

Infectious Diseases Hospital, Paisley; Gockston Hospital (Sanatoria), Paisley; Craw Road Sanatorium, Paisley; Sanatoria of Scotland, Bridge of Weir; Craw Road Hospital (Pneumonia), Paisley; Royal Alexandra Infirmary (Pneumonia), Paisley; Auchentorlie House (Pneumonia), Paisley; Woodside House (Pneumonia), Paisley; Barshaw Maternity Hospital (Puerperal Pyrexia), Paisley.

Notification of Enteric Fever.—Of the 3 notified cases of Enteric Fever, the diagnosis was confirmed in the undernoted 2 cases, which were removed to hospital:—

- 1 Case—25-45 years—Paratyphoid “B” Fever.
- 1 Case—15-25 years—Enteric Fever.

III.—Venereal Disease.

Note.—As hitherto, a report on the work of each treatment centre is to be given on Form V.R. 1, which will be issued separately.

FREE SUPPLY OF ARSENOBENZENE COMPOUNDS TO GENERAL PRACTITIONERS.

- 1. Number of doses issued to general practitioners in 1933, ... 247
- 2. Number of general practitioners to whom supplies were issued in the year, ... 9

TUBERCULOSIS—STATISTICAL RETURNS, 1933.

I.—Return of Cases of Tuberculosis notified during the year.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	AGE-GROUPS.										
	Under 5. 1	5 and under 10. 2	10 and under 15. 3	15 and under 25. 4	25 and under 35. 5	35 and under 45. 6	45 and under 65. 7	65 and upwards 8	Total. 9	Under 15. 10	15 and upwards, 11
Pulmonary—											
Males,	1	1	...	15	14	9	17	1	58	...	56
Females,	1	1	2	23	9	4	5	2	47	3	43
Non-pulmonary—											
Males,	8	5	7	4	1	3	3	...	31	20	11
Females,	6	2	2	5	3	1	...	...	19	8	9

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year.

NUMBERS OF PATIENTS.						
	In Institu- tions on Jan. 1. 1	Admitted during the year. 2	Discharged during the year. 3	Died in the Institutions. 4	5	In Institu- tions on December 31. 6
Pulmonary—						
Adults,						
Males,...	21	67	40	16	7	25
Females,	28	58	47	12	5	22
Children,						
Males,...	2	1	1	...	1	1
Females,	5	2	6	...	...	1
Non-pulmonary—						
Adults,						
Males,...	4	8	6	...	1	5
Females,	7	1	7	...	...	1
Children,						
Males,...	8	15	15	...	2	6
Females,	4	4	6	1	...	1
Total,... ..	79	156	128	29	16	62

III.—Return of Number of Persons Resident in the Area at 31st December, 1933. who were known to be suffering from Tuberculosis.

		Number of Cases in Age Groups.								Total.
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	
Pulmonary.										
Sputum not present, ...	M.	11	7	8	10	5	2	4	...	47
	F.	12	9	3	12	11	3	2	2	54
Sputum present but not examined, ...	M.	...	...	...	1	...	...	...	...	1
	F.	...	...	...	...	...	...	...	...	...
Sputum examined and tubercle bacilli found,	M.	...	...	2	18	23	14	9	...	66
	F.	...	...	1	27	19	17	4	...	68
Sputum examined, and tubercle bacilli never found. ...	M.	...	9	5	23	26	18	21	1	103
	F.	...	7	5	28	14	8	13	2	77
		23	32	24	119	98	62	53	5	416
Non-Pulmonary.										
1. Abdominal, ...	M.	23	17	9	6	2	1	...	...	58
	F.	16	14	11	10	3	2	...	...	56
2. Spine, ...	M.	4	6	1	3	1	1	1	...	17
	F.	3	2	2	3	2	...	...	...	12
3. Bones and Joints (exclusive of Spine), ...	M.	11	15	7	20	4	1	3	...	61
	F.	8	7	10	7	1	2	1	...	36
4. Superficial Glands, ...	M.	16	21	11	12	7	1	2	...	70
	F.	15	19	13	17	9	1	...	...	74
5. Lupus, ...	M.	...	...	...	...	...	...	...	...	...
	F.	...	1	1	3	...	...	...	1	6
6. Other Parts or Organs,	M.	5	4	6	5	4	6	2	...	32
	F.	9	4	4	3	4	5	1	...	30
		110	110	75	89	37	20	10	1	452
Pulmonary and Non-Pulmonary Total, ...		133	142	99	208	135	82	63	6	868

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis, ...	41	27	14	8
Of whom—				
Not notified or notified only at or after death, ...	3	4	6	4
Notified less than 1 month before death, ...	5	3	5	1
Notified from 1 to 3 months before death, ...	2	1	2	...
Notified from 3 to 6 months before death, ...	2	2	...	...
Notified from 6 to 12 months before death, ...	4	3	...	...
Notified from 1 to 2 years before death, ...	8	4	1	2
Notified over 2 years before death, ...	17	10	...	1
Number who died within 28 days after discharge from an institution, ...	...	1	...	...
Number who died more than 28 days after discharge from an institution,	7	5	...	1

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS. SUMMARY.

	1933.
Number of visits of enquiry, ...	8,720
Patients removed to Hospital, ...	1,377
Patients removed to Reception House, ...	—
Notices served under Section 50 (2), P.H.S.A., ...	2,803
Notices served under Section 53 (2), P.H.S.A., ...	2,803
Notices served to School Teachers, etc., ...	10,112
Houses, etc., Disinfected, ...	1,414
Sets of Clothing removed for Disinfection, ...	1,569
Articles of Clothing Disinfected, ...	15,506

TUBERCULOSIS. SUMMARY.

	1933.
Number of visits of enquiry, ...	1,281
Average number of cases under observation, ...	882
Houses, etc., Disinfected, ...	97
Sets of Clothing removed for Disinfection or for Destruction, ...	178
Articles of Clothing removed for Disinfection or for Destruction, ...	3,325

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1933.

Estimated Population, 1933, ... 88,046.

Numbers.

1933.

Births (corrected for transcripts), ...	1,543
Do. Illegitimate (corrected for transcripts), ...	70
Marriages (uncorrected), ...	580
Deaths (uncorrected), ...	1,185
Do. (transferred out), ...	97
Do. (transferred in), ...	49
Do. (corrected), ...	1,137

Rates per 1,000 of Estimated Population.

1933.

Birth Rate (corrected for transcript), ...	17.5
Illegitimate Birth Rate, ...	4.5
Marriage Rate (uncorrected), ...	6.6
Death Rate—	
(uncorrected), ...	13.5
(corrected for transfers), ...	12.9
(corrected for transfers and adjusted for age and sex distribution), ...	13.9
Phthisis (corrected), ...	0.76
All Tuberculosis (corrected), ...	0.99
Principal Epidemic Diseases, ...	0.99
Infantile Mortality Rate, ...	99

TABLE V.

Shewing the Number of Admissions, Discharges, and Deaths in connection with Auchenorlie House and Woodside House.

	<i>Admitted.</i>			<i>Discharged.</i>			<i>Died.</i>			<i>Remaining at 31st December.</i>		
	W.	B.	G.	Total	W.	B.	G.	Total	W.	B.	G.	Total
1910-1911	55	163	127	345	47	132	96	275	...	2	2	4
1912, ...	43	109	80	232	44	110	81	235	...	2	...	2
1913, ...	33	99	69	201	31	73	65	189	...	2	3	5
1914, ...	51	105	82	238	50	112	83	245	...	3	2	5
1915, ...	52	129	79	269	54	109	71	234	...	8	4	12
1916, ...	50	90	71	211	51	87	69	207	1	6	3	10
1917, ...	28	91	76	195	27	89	67	183	...	3	6	9
1918, ...	28	84	62	164	29	78	46	153	...	4	3	7
1919, ...	41	87	71	199	41	86	73	200	1	5	6	12
1920, ...	50	83	65	198	48	76	56	180	...	4	6	10
1921, ...	61	77	68	206	63	75	70	208	...	7	6	13
1922, ...	47	62	54	163	47	53	58	158	...	7	3	10
1923, ...	51	54	58	163	53	54	46	153	...	3	5	8
1924, ...	39	78	96	213	40	72	75	187	...	11	6	17
1925, ...	44	67	63	174	40	54	64	158	...	8	6	14
1926, ...	43	85	89	217	38	82	88	208	1	6	5	12
1927, ...	60	105	122	287	62	93	113	208	...	3	11	14
1928, ...	56	78	93	227	53	75	83	211	...	6	13	19
1929, ...	63	96	122	281	63	78	106	247	1	20	13	34
1930, ...	48	104	92	244	51	89	88	228	1	12	9	22
1931, ...	51	110	114	275	50	102	110	262	...	14	6	20
1932, ...	56	109	183	388	55	116	152	323	...	23	19	42
1933, ...	35	142	145	322	32	131	132	295	...	12	16	28